TO CORRELATE FEEDING METHODS PRACTICED BY MOTHERS AND NUTRITIONAL STATUS OF THEIR CHILDREN IN A SELECTED AREA AT TRICHY DISTRICT

M.Sc. (NURSING) DEGREE EXAMINATION

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KONALAI, TIRUCHIRAPPALLI

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DISSERTATION SUBMITTED TO

THE TAMILNADU DR.M.G.R.MEDICAL UNIVERSITY,CHENNAI

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THE TAMILNADU DR.M.G.R.MEDICAL UNIVERSITY, CHENNAI

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Certified that this is the Bonafide work of

Register No: **301618301**

SPECIALITY: Branch –II Child Health Nursing.

Mrs. D. Kayalvizhi RN, RM, B.Sc. (Nursing)
Indira College of Nursing, Trichy-Chennai Main Road,
Konalai, Manachanallur (Tk), Tiruchirappalli-621105,Tamil Nadu.

COLLEGE SEAL:

SIGNATURE: _____

Prof.Mrs.Sherene G. EdwinR.N.,R.M.,M.Sc.(N).,(PhD N)
Principal & Research Coordinator
Indira College of Nursing, Trichy-Chennai Main Road,
Konalai, Manachanallur (Tk), Tiruchirappalli-621 105, Tamil Nadu.

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Approved by the Research Committee in March 2017

PROFESSOR & HOD OF NURSING RESEARCH

Prof. Mrs. Sherene G. Edwin, R.N., R.M., M.Sc.(N)., (PhD N)

_____

Principal & Research Coordinator

Indira College of Nursing, Trichy-Chennai Main Road,

Konalai, Manachanallur(Tk), Tiruchirappalli-621105, Tamil Nadu.

CLINICAL SPECIALITY RESEARCH GUIDE:

Prof. Mrs. Sherene G. Edwin, R.N., R.M., M.Sc.(N).,(PhD N)

MEDICAL GUIDE

Dr. K. SenthilKumar, M.D(Peds), DM(Neo)Neonatologist

Assistant Professor, K.A.P.V. Government Medical College &

M.G.M. Government Hospital, Trichy

DISSERTATION SUBMITTED TO

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BONAFIDE CERTIFICATE

This is to certify that the dissertation entitled **"A study to correlate feeding methods practiced by mothers and nutritional status of their children in a selected area at Trichy District"** is a bonafide research work done by **Mrs. D. Kayalvizhi, II year M.Sc(N), Indira College of Nursing, Tiruchirappalli**, under the guidance of **Professor Mrs. Sherene G. Edwin, M.Sc(N), PhD(N), Principa**l in partial fulfillment of the requirements for the Degree of Master of Science in Nursing under Tamilnadu Dr. M.G.R. Medical University.

Place :

Date :

Principal

Indira College of Nursing

DECLARATION

I hereby declare that the present dissertation titled **““A study to correlate feeding methods practiced by mothers and nutritional status of their children in a selected area at Trichy” at Indira College of Nursing, Tiruchirappalli District”** the outcome of the original research undertaken and carried out by me under the guidance of **Professor. Mrs. Sherene G. Edwin, M.Sc(N), PhD (N), Principa**l, Indira College of Nursing, Konalai, Tiruchirappalli. I also declare that the material of this has not formed in anywaythe basis for the award of any degree or diploma in this university or anyuniversities.

Place: Konalai **Mrs. D.Kayalvizhi**

Date : 01.08.2018 II year MSc (N)

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With a heart imbued with love and purity, And a will tuned to do His bidding in virtuous acts, If you seek His abodes, then shall be fulfilled, All your cherished desires and objects." - .T.M.G. 62-66)

“Gratitude is the attitude of mind and heart.” I raise my heart in gratitude to God Almighty who has been my inspiration and guiding force behind all my efforts.

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ABSTRACT

"A Study to Correlate Feeding Methods Practiced by Mothers and Nutritional Status of their Children in a Selected community at Trichy."

BACKGROUND

Malnutrition is a significant health problem in many countries as well as in India. It is mainly due to fallacious dietary habits which might leads to illness and infection in early childhood period and inadequate food intake will contribute to impede and underweight in most of the children in India.

OBJECTIVES OF THE STUDY

1. To assess the feeding methods practiced by mothers.
2. To assess the nutritional level of children.
3. To find out the correlation between the feeding methods practiced by mothers and the nutritional status of their children.
4. To find out the association between feeding methods practiced by mothers and their children with selected variables.

HYPOTHESIS

$H_{1:}$ There is a correlation between feeding methods practiced by mothers and nutritional status of their children.

METHOD

The study was conducted in Mahilambadi after obtaining permission from the Village Administration Officer. Survey approach and descriptive correlative design was endorsed for the present study. The study consisted of 80 mothers and their under-five old children. The tool used for this study was structured questionnaire and the technique selected for the study was structured interview schedule. The gathered data was analyzed by using descriptive and inferential statistics and interpreted in terms of objectives of the study.

RESULTS

The findings of the study revealed that most of the respondents were in the age group between 26-35 years. Education wise the most of the respondents were graduate. Occupation wise, 82 percent of them were homemakers. Religion wise, majority of them (66 percent) of them were Hindus. Most of them belonged to Joint families. 46% of them had income below Rs.5000. 45% of them had duration of 2-5 years of married life. Most of them had family members/friends as source of information. With regard to children 36% were between 1– 3 years of age among which females were 59 percent and male 41 percent. 60 percent of them belonged to first in birth order.

INTERPRETATION AND CONCLUSION

The study showed that there were significant association between feeding practices and mothers' demographic variables such as education, occupation and income of mothers. Whereas there was no-significant association between feeding practices and mothers' demographic variables such as age, number of under five children, years of married life, religion, type of family, birth order, age of the child, gender and sources of information.

However, there was positive correlation between feeding methods practiced by mothers and selected nutritional parameters like present weight, height and chest circumference.

KEY WORDS

Feeding practices, Nutritional status, mothers, and children.

Chapter – I

INTRODUCTION

CHAPTER - 1

INTRODUCTION

“Health is like Money, We never have a true idea of its value until we lost it”

- Josh Billings

The World Bank knowledge signifies that Bharat (Asian country Asian nation} is one in all the world’s highest demographics of youngsters plagued by deficiency disease and additionally says that India desires plenty additional to be done to trot out the chance of deficiency disease. Mal-nourished youngsters are the one World Health Organization suffers largely from infection and die from common childhood sicknesses than nourished youngsters.

According to recent studies, over a 3rd of all deaths in youngsters aged 5 years or younger is due to under nutrition. Across the board kid nutrition deficiency greatly interferes India’s socio-economic development and chance to scale back economic condition.

World Health Organization (WHO) additionally recommends exclusive breastfeeding for the first six months of a baby’s life, followed by extra semi-solid foods to enhance breast milk. Breastfeeding ought to well be continuing up to a minimum of a pair of years of recent so as to guard the kid from varieties of deficiency disease.

Likewise, early initiation of breastfeeding is incredibly abundant crucial for survival, growth and nutrition of the newborn. In extension, it's additionally renowned permanently brain development, wit and protects the kid from polygenic disease.

However, in low and middle-income countries like Asian country, perception and acceptance of contemporary birth control ways like breastfeeding are terribly low this ensuing deficiency disease to infants in Asian country. Per the recent statistics, rates of deficiency disease among India’s youngsters are nearly five times over in China and double those in geographic region.

Although during a general Asian country remains a rustic that supports breastfeeding, psychosocial and cultural barriers still exist for early breastfeeding practices. Nearly half the youngsters in Asian country are scrawny, forty fifth are too short for his or her age and 2 hundredth are too skinny for his or her height. Similarly, breastfeeding indicators don't seem to be encouraging in any respect.

Only one fourth of mothers will begin giving inside one hour of biological process and fewer than half all mothers are able to completely breastfeed their babies for the primary six months once birth.

Complementary feeding is introducing a spread of foods bit by bit to a baby, aboard the standard milk feeds, till he or she is ingestion constant healthy foods because the remainder of the family. The commutation stage is a chance to intensify ingestion a well-balanced diet as well as a spread of foods and facilitate folks originated sensible ingestion habits and a healthy diet for a healthy life vogue for his or her youngsters, the alternate part from exclusive breastfeeding to family foods, brought up as complementary feeding, usually covers amount from 6 months to 18-24 months elderly that may be a vulnerable period of childhood. It's the stage to get deficiency disease in several infants, presenting doubtless to the high prevalence of deficiency disease in youngsters beneath 5 years elderly world-wide. World Health Organization estimates that a pair of out of five youngsters is scrawny in low-income countries.

This study is a trial to research the feeding ways practiced by mothers and therefore the nutritionary standing of their youngsters in a chosen community.

NEED FOR THE STUDY

The level of kid under nutrition is not been digested throughout the planet, underfed (stunted) kids living in Asia and Africa is more than 90%."

Detrimental and infrequently unobserved till severe, under nutrition undermines the survival, growth and development of youngsters and girls, and diminishes the strength and capability of states. With persistently high levels of under nutrition within the developing world, very important opportunities to save lots of countless lives square measure being lost, and plenty of additional countless kids aren't growing and developing to their full potential. Nutrition is main of human development not solely will cut back the burden of under nutrition and deprivation in countries however can also advance the progress of states. Quick Facts in Asian nation twenty per cent of youngsters underneath 5 years getting on suffer from wasting thanks to acute under nutrition. Over one third of the world's kids WHO square measure wasted board Asian nation.

Forty-three per cent of Indian kids underneath 5 years square measure scraggy and forty eight per cent (i.e. sixty one million children) square measure inferior thanks to chronic under nutrition, Asian nation accounts for over three out of each ten inferior kids within the world.

Under nutrition is considerably higher in rural than in urban areas. Short birth intervals square measure related to higher levels of under nutrition.

WHO square measure severely scraggy is sort of 5 times higher among kids whose mothers haven't any education than among children whose mothers have twelve or additional years of schooling.

Under nutrition is additional common for kids of mothers who underfed themselves (i.e. body mass index below eighteen.5) than for kids whose mothers aren't underfed.

Children from scheduled tribes have the poorest biological process standing on nearly each live and also the high prevalence of wasting during this cluster (28 per cent) is of explicit concern.

There is an essential window of chance to stop under nutrition by taking care of the nutrition of youngsters within the 1st 2 years of life, women throughout adolescence, and mothers throughout maternity and lactation – once proved nutrition interventions supply kids the simplest likelihood to survive and reach best growth and development.

Optimal babe and young kid feeding entails the initiation of breastfeeding inside one hour of birth; exclusive breastfeeding for the primary six months of the child's life; and continuing breastfeeding for 2 years or additional, beside safe, age-appropriate and hygienically ready complementary foods beginning at half dozen months getting on. there's growing proof of the advantages to mother and kid of early initiation of breastfeeding, ideally inside the primary hour when birth. Early initiation of breastfeeding contributes to reducing death rate.

It ensures early skin-to-skin contact that is vital in preventing physiological state and establishing the bond between the mother and her kid. Early initiation of breastfeeding conjointly reduces a mother's risk of post-partum trauma, one amongst the leading causes of maternal mortality.

Mother’s milk provides protecting antibodies and essential nutrients, acting as a primary immunization for newborns, strengthening their system and reducing the possibilities of death within the time of life. Best complementary feeding is that the simplest intervention which will considerably cut back acrobatics throughout the primary 2 years of life.

A comprehensive programme that approaches to rising complementary feeding practices includes timely introduction of age-appropriate and hygienically prepared complementary foods, counsel for caregivers on feeding and care practices and on the best use of domestically on the market foods, rising access to quality foods for poor families through social protection schemes and safety nets, and also the provision of fortified foods and matter supplements once required. Nutriment and mineral deficiencies square measure extremely rife throughout the developing world.

Anemia in young kids could be a serious concern, as a result of it may end up in exaggerated morbidity from infectious diseases and impaired psychological feature performance, activity and motor development, coordination, language development, and college accomplishment.

Vitamin A supplementation double yearly reduces the chance of visual defect, infection, under nutrition and death related to Vit A deficiency, notably among the foremost vulnerable kids.

A study in Bharat showed that ladies with higher autonomy (indicated by access to cash and freedom to settle on to travel to the market) were considerably less doubtless to own a scrubby kid in comparison with their peers World Health Organization had less autonomy. Youngsters World Health Organization area unit underfed, not optimally breastfed or plagued by substance deficiencies have considerably lower possibilities of survival than youngsters World Health Organization area unit well nourished.

They are rather more doubtless to suffer from a heavy infection and die from common childhood diseases like diarrhea, measles, respiratory illness and protozoal infection, in addition as HIV and AIDS.

According to the foremost recent estimates, kid under nutrition contributes to over one third of kid deaths. underfed youngsters World Health Organization survive might enter the vicious circle of revenant health problem and faltering growth, with

irreversible harm to their growth, psychological feature development, college performance, and future productivity as adults. United Nations International Children's Emergency Fund supports the govt. in its objectives to scale back and forestall deficiency disease, and to enhance the event of youngsters beneath three-years-old, particularly those in marginalized teams. United Nations International Children's Emergency Fund is helping the govt. to any expand and enhance the standard of ICDS in varied ways: by rising the coaching of an ganwadi workers; by developing innovative communication approaches with mothers; serving to enhance observation and reportage systems; providing essential supplies; by developing community based mostly early child care interventions. United Nations International Children's Emergency Fund supports iron supplementation for adolescent women and vitamin A supplementation for kids. It encourages the universal use of adequately element salt by educating the final population and collaborating with the salt trade. UNICEF's program contributes to reducing hunger and deficiency disease rates, particularly among the 3 most vulnerable teams of youngsters (0-35 months old), youngsters of economically deprived populations and kids of socially excluded teams.

The 6-11 month amount is Associate in nursing particularly vulnerable time as a result of infant's area unit simply learning to eat and should be fed soft foods oftentimes and with patience. Care should be taken to confirm that these foods complement instead of replace breast milk. Energy intake may be augmented by increasing breastfeeding frequency, increasing food portion size, feeding youngsters a lot of oftentimes, and providing a lot of energy-dense foods. Substance intake may be augmented by diversifying the diet to incorporate fruits, vegetables, and animal products; victimization fortified foods; giving supplements.10 throughout the trimester of physiological state through the first childhood year's deficiency disease interferes with the event of the brain. This successively affects the child's ability to be told. As a result youngsters can ne'er be as bright as nature had meant them to be.

Knowledge of exchange foods and observe is a very important side of preventive and social medical specialty. Programs to enhance complementary feeding should conduct native assessments, native studies ought to determine native diets and current smart practices to be supported, check choices for rising the normal diet and connected feeding practices, and determine target audiences and effective methods for

reaching them. A good understanding of the nourishing state of affairs of a section is critical for improved coming up with of development of its individuals. So nurses may assist mothers to enhance or modify their feeding practices where necessary to enhance their children's health standing. so this study geared toward assessing the feeding methods practiced by mothers and nutritional status of their kids in a very selected area, Trichy.

STATEMENT OF THE PROBLEM

"A Study to Correlate Feeding Methods Practiced by Mothers and Nutritional Status of their Children in a Selected Community at Trichy."

OBJECTIVES OF THE STUDY

1. To assess the feeding methods practiced by mothers.
2. To assess the nutritional level of children.
3. To find out the correlation between the feeding methods practiced by mothers and the nutritional status of their children.
4. To find out the association between feeding methods practiced by mothers and their children with selected variables.

OPERATIONAL DEFINITIONS

1. Feeding strategies: during this Study it refers to the structure of feeding that area unit typically adept by mothers involving feed, kind of food, quality and amount, feeding techniques, range of feeds per day that mothers offer for his or her youngsters.
2. Nutritional status: during this study it refers to assessment of selected biological process parameters like weight, height, chest circumference of the youngsters
3. Children: during this study it refers to comers' between six months to five years ancient.
4. Mothers: during this study it refers to ladies the age between eighteen to higher than thirty five years and having youngsters within the cohort of six months to five years.

HYPOTHESIS

H_1: There is positive correlation between feeding practices of mothers and nutritional status of their children.

ASSUMPTION

The study assumes that

1. Most of the mothers may not have adequate knowledge about feeding practices
2. Children are prone to develop nutritional disorder due to ineffective feeding practices.

INCLUSION CRITERIA

1. Mothers of children who were 0 month to 5 years.
2. Both female and male gender children.

EXCLUSION CRITERIA

1. Mothers who have disable children both physically and mentally.
2. Mothers who did not have their children along with them during data collection process.

PROJECTED OUTCOME

1. The study findings can offer associate insight into satisfactory feeding practices of mothers.
2. The study findings will help to maintain a good nutritional status of children.
3. The study findings will help to identify the level of knowledge on feeding practices among mothers

CONCEPTUAL FRAMEWORK

The Conceptual Framework for the study to correlate feeding methods practiced by mothers and nutritional status of the children is relevance on health belief model. Health beliefs model is establish individual person's ideas, belief and perspectives about health and illness. They may be based on précised information or misinformation. The health behavior generally results from health beliefs.

The Health Belief Model (HBM) is one of the best models that adapted theory from the behavioral sciences to the individuals health problems, and it remains one of the most extensively recognized conceptual frameworks of health behavior. Rosenstoch (1974) and Becker's and Mailman's (1975) model, address the association between

the persons beliefs and behaviors. It is a way of accepting and conclude how clients will react in relation to their health and how they will adhere with health care therapies. Use of the model is based on a person's perceptions of susceptivity to an illness and the seriousness of the illness.

This model helps U.S.A. to grasp varied behaviors together with mothers perception, beliefs and varied behavior so as to arrange the foremost effective care.

The investigator felt that Becker's model is appropriate as abstract framework for this study. Mothers feeding practices relating to nursing, substitution and family diet will be changed by health education and knowledge by health personnel. Mothers will apply this data in taking care of their youngsters.

THE MODEL DESCRIBES CONCERNING THREE VARIABLES

MOTHERS PERCEPTION

Mothers perceived information relating to nursing, substitution and family diet. Foods in step with the age, feeding technique and issues throughout every stage.

MODIFYING FACTORS

Mother's perception is influenced and changed by demographic variables like mother's age, religion, form of family, child's age and sex, socio economic variables like education occupation and family income level and structural variables like feeding practices. The mother's perception is additionally influenced by cues to action like mass media, data from elders and neighbor's and knowledge obtaining from health personnel.

LIKELIHOOD OF TAKING ACTION

This half indicates that mothers could attempt to take action to assess their children nutritional status and initiating correct feeding practices to stop deficiency disease, thin and feeding issues. Therefore to enhance the nutritional status of their youngsters, Perceived barriers like illiteracy, poor socio economic standing and lack of information of mothers could cause unhealthy practices.

PROJECTED OUTCOME

Study can offer associate insight into satisfactory feeding practices of mothers and therefore can maintain a good nutritional status of their youngsters. To facilitate it the nurses to sow the seeds towards correct feeding practices.

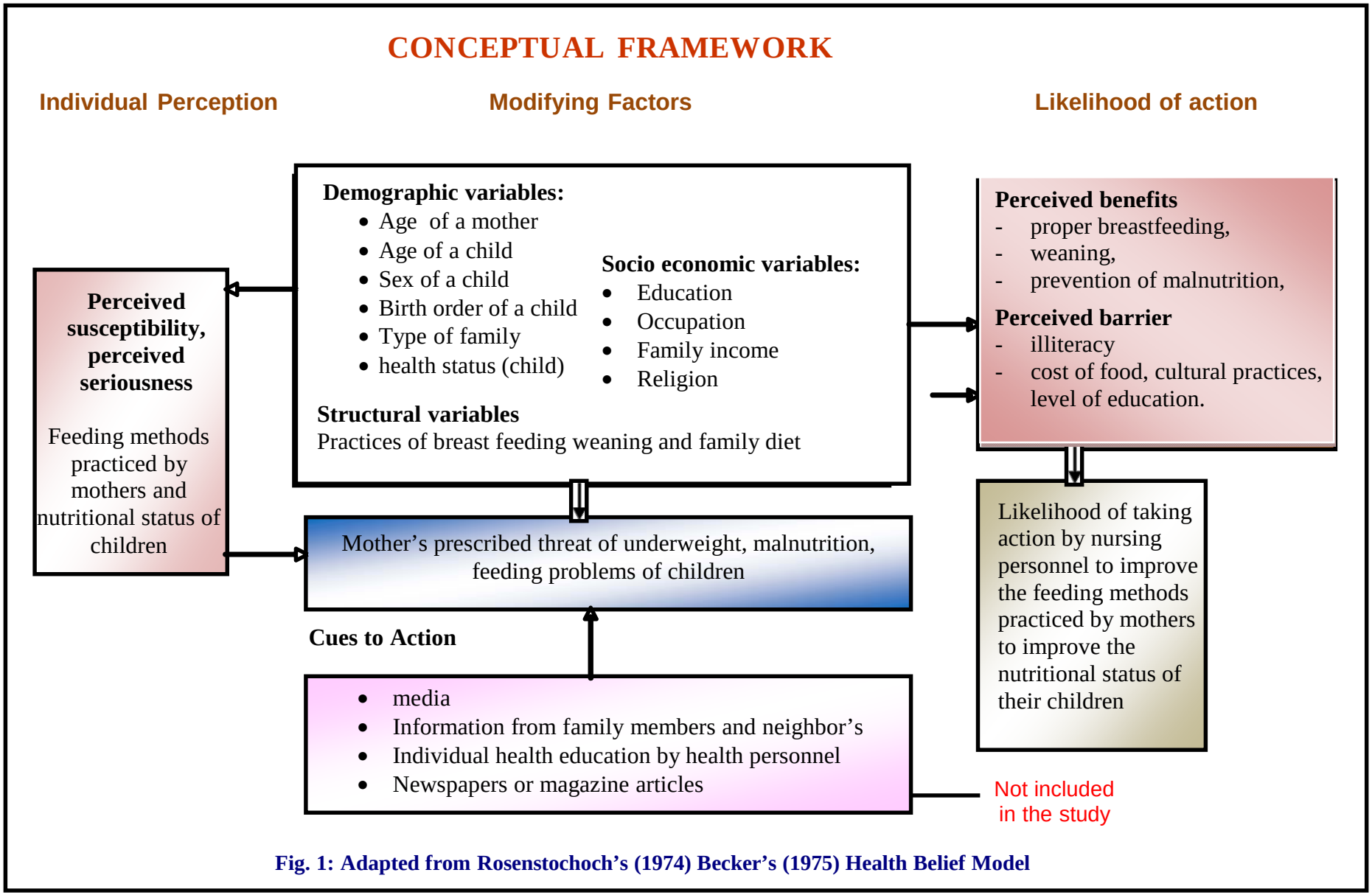


Fig. 1: Adapted from Rosenstochoch's (1974) Becker's (1975) Health Belief Model

Chapter – II

REVIEW OF LITERATURE

CHAPTER - II

REVIEW OF LITERATURE

Review of literature may be a key step in analysis method. Review of literature refers to an in depth, thorough and systematic examination of publications relevant to the scientific research. The review of connected literature is effective guide to outline the matter, recognizing its significance, suggesting promoting knowledge gathering devices, acceptable study style and supply of knowledge.

Review of literature for the current study has been unionized beneath the subsequent headings

1. Literature associated with the prevalence of deficiency disease and its relation with feeding practices.
2. Literature associated with the feeding practices of mothers and nutritionary standing of their kids.
3. Literature associated with the influence of commutation practices on nutrition level of the kids
4. Literature associated with the maternal knowledge and their childnutritionary standing.

LITERATURE ASSOCIATED WITH THE PREVALENCE OF DEFICIENCY DISEASE AND ITS RELATION WITH FEEDING PRACTICES

A study was conducted on Effects of different feeding practices at 0-6 months and living economic conditions on anaemia prevalence of infants and young children concluded that the percentage of anaemia was 58.2% in the children aged from 6 months to 2 years. The rate of anaemia in boys was higher than that of the girls, but there was no significant difference. There were significant differences in haemoglobin levels among different age groups. The child's haemoglobin concentration was trend to significantly decrease from 6-month-old and more, and reach to the lowest level at 12 months of age and more. The higher prevalence of anaemia was the group aged 6-month-old and more, and the group aged 12-month-old and more had highest prevalence. There were significant changes among the t feeding pattern on the anemic prevalence and the prevalence of anemia in children fed with infant formula had the

lowest anemic rate and was significantly lower than those of the mixed feeding and breastfeeding children. The living economic conditions were a linear trend with the hemoglobin level of children, but there was no significant difference among the different feeding groups. The better household economic conditions, tends to have the lower in anemic prevalence, but there was no significant difference (Dong C, Ge P, Zhang C, Ren X, Fan H, Zhang J, Zhang Y, Xi J(2013)

A study was conducted on Infant at the Age of 6 Months in relation to Feeding Practices, Iron Status, and Growth in a Peri-Urban Community of South Africa concluded that Prevalence of anemia and stunting for the infants were 36.4% and 28.5%, respectively. Multiple regression analysis showed that birth weight was related to combined psychomotor scores as well as parent rating scores 'Length-for-age z-scores were associated with combined psychomotor scores (β = -1.419 (-2.466, 0.373), p = 0.008), as well as parent rating scores (β = -0.747 (-1.483, -0.010), p = 0.047). (Rothman M, Faber M, Covic N, Matsungo TM, Cockeran M, Kvalsvig JD, Smuts CM (2018).

A study was conducted on effectiveness to boost information, practices, and intakes of a complementary feeding intervention developed by victimization linear programming: expertise in Lombok, country complete that complementary feeding intervention improved mothers' information and children's feeding practices and improved children's intakes of atomic number 20, iron, and zinc. At the top line, median nutrient densities were considerably higher within the CFR cluster than within the non-CFR cluster for iron [i.e., 0.6 mg/100 kcal (0.4-0.8 mg/100 kcal) compared with zero.5 mg/100 kcal (0.4-0.7 mg/100 kcal)] and B vitamin [i.e., 0.8 mg/100 kcal (0.5-1.0 mg/100 kcal) compared with zero.6 mg/100 kcal (0.4-0.8 mg/100 kcal)]. But, median nutrient densities for atomic number 20, iron, niacin, and metallic element within the CFR cluster (23, 0.6, 0.7, and 0.5 mg/100 kcal, respectively) were still below desired densities (63, 1.0, 0.9, and 0.6 mg/100 kcal, respectively).(Fahmida U, Kolopaking R, Santika O, Sriani S, Umar J, Htet MK, Ferguson E (2015).

A study was conducted on Mother and child nutrition among the Chakhesang tribe in the state of Nagaland, North-East India and the results showed that the prevalence of underweight, stunting, and wasting among children <5 years of age was 14%, 22%, and 7%, respectively. The prevalence of anemia and vitamin A deficiency

was 26% and 33% among children <5 years, whereas it was 33% and 26%, respectively, among mothers. Hypertension was observed in 16% of women, whereas diabetes was seen in 0.8%. Approximately 35% and 24% of HHs suffered mild or moderate food insecurity, respectively, which was associated with literacy of the parents, family income, and family size. Utilization of the rich agro biodiversity and wild foods by the Chakhesangs appears to be a strong reason for their better nutritional and health status as compared to the rest of India. (Longvah T, Khutsoh B, Meshram I, Krishna S, Kodali V, Roy P, Kuhnlein HV (2017)

A study was conducted on nutritional Deficiencies, the Absence of Information and Caregiver Shortcomings: A Qualitative Analysis of Infant Feeding Practices in Rural China concluded that in rural Shaanxi Province found an anemia prevalence of 54.3% among rural children aged 6-12 months. While new large-scale, quantitative research has begun to catalogue the extent of child malnutrition and anemia, no effort has yet been made to look more closely at the potential reasons for rural children's nutritional deficiencies through qualitative analysis. This study aims to elucidate some of the fundamental causes of poor complementary feeding practices that may lead to anemia among children in rural Shaanxi Province, China. (Ai Yue, Lauren Marsh, Huan Zhou, Alexis Medina, Renfu Luo, Yaojiang Shi, Linxiu Zhang, Kaleigh Kenny, Scott Rozelle (2016)

A study was conducted on Infant and young child feeding practices in urban Philippines and their associations with stunting, anemia, and deficiencies of iron and vitamin A concluded that Among children from urban and predominantly poor and very poor households, 26% were stunted, 18% were underweight, and 5% were wasted. Forty-two percent were anemic, 28% were iron deficient, and 3% were vitamin A deficient. About half of the children were breastfed within an hour after birth, were breastfed at the time of the survey, and had been continuously breastfed up to 1 year of age. Of the factors investigated, low socioeconomic status, use of cheaper cooking fuel, and nonuse of multivitamins were all independently associated with stunting. The prevalence of anemia, iron deficiency, and vitamin A deficiency were independently associated (Fabian Rohner, Bradley A. Woodruff, Grant J. Aaron, Elizabeth A. Yakes, May Antonnette O. Lebanan, PuraRayco-Solon and Ofelia P. Sanie (2013)

A study was conducted on Infant Feeding Practices and Nutritional Status of Children in North Western Nigeria concludes that More than 50% of caregivers were full-time housewives while about 39% do not have any form of education. Main source of drinking water was from unprotected sources like river/lake), private well and public well while the predominant source of energy for cooking and main type of toilet in the households were wood (85.7%) and pit latrines (67%) respectively. On the average, over 70% of mothers were still breastfeeding at the time of the survey and duration of breastfeeding was between 13-24 months (73.4%). Only 54.3% of mothers in North West practiced exclusive breastfeeding for the first six months but in addition to breast milk over three-quarter of caregivers gave plain water while 50% of caregivers in Kaduna state ever bottle-fed their child with infant formula mostly from the 6th month. Few caregivers (19%) that bottle-feed always sterilize them. Complementary foods were introduced to majority of the children much earlier at 3rd month (41.2%) than the 6th month recommended while some caregivers introduces complementary foods at 1-2 months (17.8%). This study revealed that on the average, 31.7% of the children sampled were severely stunted which was lower than the National average. (Kola Matthew Anigo, Ahmadu Bello University, Ameh Danladi Amodu, Sani Ibrahim, S. Danbauchi Solomon (2009)

A study was conducted on Iron deficiency, its epidemiological features and feeding practices among infants aged 12 months in Qatar: a cross-sectional study concluded that Prevalence of anemia was 23.5%, ID was 9.2% and IDA was 7.8%. ID was more prevalent among non-Qatari infants compared with Qatari (10.9% vs 1.7%, $p = 0.029$), more prevalent among infants born to housewives and to families of low income ($p \leq 0.05$). With regard to feeding practice, ID was higher in infants who continued breastfeeding until the age of 1 year and among those who never took infant formula milk ($p \leq 0.05$). Mothers who received infant feeding counselling had less ID occurrence among their infants compared with their counterparts who did not receive such counselling (Abdul Jaleel A Latif Zainel, Sherif R Omar Osman, Sadriya Mohammed S Al-Kohji, Nagah A Selim (2016).

LITERATURE ASSOCIATED WITH THE FEEDING PRACTICES OF MOTHERS AND NUTRITIONARY STANDING OF THEIR KIDS.

A study was conducted on nutritional status of infants in relation to their complementary feeding practices. In associate urban slum community of central Karnataka concluded that Prevalence of Exclusive breastfeeding for six months was 68%. Complementary foods were introduced at acceptable age in 55% of infants. 72%of infants were receiving thick (energy dense) complementary foods. 61% were fed adequate quantity of complementary foods. The prevalence of wasting at one year was thirty fourth and aerobatics was thirty second. Higher prevalence of deficiency disease was noticed in infants in whom complementary feeding was started before 6 months. **(Sreedhara M S and C R Banapurmath (2014)**

A study was conducted to assess the relationship between feeding practices and nutrition status of children under two years old in Mugunga, Democratic Republic of Congo. This was a descriptive case study involving a total of 206 women/care givers and their under two years old children concludes that Breastfeeding initiation immediately after birth was only 7.3% and just 7.8% of children were exclusively breastfed for the first six months. And the main reason for stopping breastfeeding before two years was as a result of another pregnancy. Fewer children meet the minimum dietary diversity of 5.3% and the minimum acceptable diet of 7.3%. There was a high level of malnourished children compared to the acceptable level. The main reason for not meeting the minimum dietary diversity and the minimum acceptable diet were as a result of poverty and lack of knowledge concerning good complementary feeding practices. And that there was a relationship between feeding practices and nutritional status for children. (Justin Mafuko*, Joyce Meme, Bonface Oirere and Job Mapesa (2017)

A study was conducted on nutrition status and feeding practices within the study space concludes that stunting level was 32% whereas wasting was 3% and underweight at 10%. Most of the index children (78%) started breastfeeding within the primary hour of birth. And at regional level, nutrition status and feeding practices within the study space were poor. The values of these indicators were not significantly changed by allocated intervention status. a lot of effort was required to comprehend a distinction in nutrition and feeding practices in selected intervention areas (Nazarius

Mbona Tumwesigye, Florence Basiimwa Tushemerirwe, Richard Kajjura, Victoria Nabunya, Ronald Andrew Naitala and Cissie Namanda (2016).

A study was conducted on age-appropriate feeding practices and nutritional status of infants attending child welfare clinic at a Teaching Hospital in Nigeria concludes that All the infants studied were still on breast milk. Most of the mothers incontestable correct body positioning (89.9) and attachment (78.7%) throughout breastfeeding, and effective suckling was incontestable in seventy seven.0%. curiously, none of the infants was either solely breastfed for six months or presently on exclusive breastfeeding. what is more, solely sixty four (58.2%) of the 110 infants that were over 6 months old-time had fittingly been started on complementary feeding from 6 months old-time. Most caregivers had moderate feeding practices and it was related to their level of education, and their relationship with the infants. Up to 40.0% and 73.7% of the infants had varied degrees of wasting and stunting severally. Feeding practices and also the age of the infants emerged because the solely factors considerably related to stunting, whereas each the caregivers' practices and age of the infants emerged as important predictors of wasting within the infants. (Umar M. Lawan, Gboluwaga T. Amole, Mahmud G. Jahum, and Abdullahi Sani (2014).

A study was conducted on Infants and young children feeding practices and process standing in a pair of districts of African country total of 634 caregivers (361 from Kafue and 273 from Mazabuka) participated within the study. Regarding fifty four.0% of the caregiver knew the definition and educated quantity of exclusive breastfeeding (EBF) and once to introduce complementary feeds. 81.2%out of 310 respondents had none transmitted this data from the medical examiners. alone 30.1% of the respondents practiced exclusive breastfeeding up to 6 months with eight.9% of the mothers giving prelacteal feeds. tho' 94.8% of the respondents according that the kid doesn't would like one factor apart from breast milk within the primary 3 days of life, alone 50.5% of them thought of milk to be good. Complementary feeds were introduced early before six months older and were usually not of adequate quality and amount. 300 and sixty fourth out of 603 caregivers knew that there would be no hurt to the kid if absolutely breastfed up to 6 months. Most of the children's nutritionary |biological method} process standing was ancient with four.2% severely inferior, 1.7% severely skinny and zero.5% severely wasted. (Madonna Katepa-Bwalya, Victor

Mukonka, Chipepo Kankasa, Freddie Masaninga, Olusegun Babaniyi and Seter Siziya (2015)

A study was conducted on Feeding practices and nutritional status of children of sub-centre Kotamoni, Assam concluded that Results revealed that only 30per cent of the subjects started breast feeding within 1 to 4 hours. Exclusive breast feeding for 6 months were followed only by 24% of the subjects. Use of pre lacteal feed was common (95%). Only 26% of the subjects continued breast feeding after one year. Mothers/care takers scored very low for infant and children feeding practices. Results revealed that 59 per cent of the children were under weight (weight for age), 59 per cent wasted and most of the children (95%) were stunted. Nutrition education significantly improved mother's knowledge (4.96±14.86 to17.50±27.28, $p<0.01$). Nutritional status also improved significantly, weight for age (41% to74%) and height for age (5% to 35%). Severely malnourished (weight for age) decreased from 18 per cent to 4 per cent and severely stunting from 76 to 27 per cent. The results provided strong evidence for the positive effects of nutrition education (K. Geetha, N. Seema & D. Kapur (2015)

A study was conducted on Feeding Practices and Determinants of the nutritionary standing of Pupils during a Public grammar school in Aladinma Owerri, African country all over were there have been a lot of females 158(52.7%) than males whereas the mean and median ages were nine.7±0.3 and 10.6±0.3 years severally. 200 and sixty 5 (88.3%) of them fed a minimum of thrice daily, 92(30.7%) skipped breakfast frequently, whereas 215(71.7%) had college meals throughout break amount. there have been statistically important associations between Body Mass Index for age (Underweight, traditional and Overweight body fluid Obese) and [sex ($p=0.0121$); range of siblings ($p=0.013$), mothers' academic standing ($p=0.001$) and range of meals per day ($p=0.005$)] severally. (Nnebue, C, Ilika, A. L, Uwakwe, K. A., Duru, C. B., Onah, S. K., Abu, H. O, Oguejiofor, E. O, Gbarage, M. T, & Idoro, S. A. (2016).

A study was conducted on Feeding practices, nutritionary standing and associated factors of wet girls in Samre Woreda, South jap Zone of Tigray, Abyssinia all over that Majority (71.2%) of the participants failed to take extra meals throughout lactation. The median dietary diversity score of the study participants was five out of

fourteen food teams. The prevalence of skinny, chronic energy deficiency and flight were thirty first, 25% and 2.2% severally. victimisation logistical regression model, factors considerably related to the nutritionary standing of the study participants (as determined by BMI and MUAC) were size of farm land, length of years of wedding, maize cultivation, frequency of antepartum care visit and age of breastfeeding child (Kiday Haileslassie, Afework Mulugeta and Meron Girma (2013)

LITERATURE RELATED TO WEANING PRACTICES AND CHILD NUTRITIONAL STANDING

A study was conducted on Breast-feeding Duration: Early we have a tendency toning-Do we sufficiently take into account the danger Factors resulted that seventy one.3% were totally suckled on discharge from maternity hospitals and eleven.9% were partly breast-feed. Median breast-feeding period was half-dozen.93 (interquartile vary a pair of.57-11.00) months; for full (exclusive) breast-feeding five.62 (interquartile vary three.12-7.77) months; sixty one.7% received supplemental feedings throughout the primary days of life. Breast-feeding period in babies receiving supplemental feedings was considerably shorter (median five.06 months versus eight.21 months, $P < 0.001$). At half-dozen months, 9.4% of the mothers were completely and 39.5% partly breast-feeding., lower maternal age (OR three.89, 95% CI 1.45-10.46), and lower education level of the mother (Karall D, Ndayisaba JP, Heichlinger A, Kiechl-Kohlendorfer U, Stojakovic S, Leitner H, Scholl-Bürgi S (2015).

A Cross-sectional study was conducted altogether villages below Rural Health coaching Center, the sector apply space of Department of Community medication. a complete of five hundred mothers with youngsters among three years older were enclosed within the study. Pre-tested pre-designed semi-structured form was wont to collect info on substitution apply. Majority of youngsters (51.57%) were weaned at >6 months and were determined to be a lot of below nourished (79.34%) as compared with those between four months and half-dozen months (61.50%). Majority of boys were weaned ahead of women regardless of the age of the substitution. Deficiency disease was found in majority of these youngsters United Nations agency were weaned inadequately in terms of each frequency and amount (Vyas S, Kandpal SD, Semwal J, Chauhan S, Nautiyal V (2014)

A study was conducted on result of substitution amount on biological process standing of youngsters terminated that youngsters for whom substitution was started at the counseled age of 4-6 months were found to be considerably less underfed on mensuration measurements as compared to the opposite set within which substitution was started at associate degree earlier or later age. important applied mathematics distinction was noted within the youngsters weaned on nutrient home-made things compared to youngsters having industrial foods. (Samina Shamim, Farah Naz, Syed Waseem Jamalvi and S. Sanower Ali (2016).

A study was conducted on Determinants of substitution Practices Among Mothers of Infants Aged Below twelve Months in Masvingo, African country and therefore the results indicated that disobedience with United Nations agency feeding pointers was high among the study participants. The speed of exclusive breastfeeding within the initial half-dozen months was terribly low (14.8%), with the mean age of introduction of complementary foods to infants of five weeks (range 1-24 weeks). Early supplementation of breast milk wasn't related to mother's age, level of education, and faith. Scheduled breastfeeding was a lot of prevailing among the mothers United Nations agency worked outside the house (P = .018). Provision of formal recommendation and influence from health care staff was found to enhance young kid feeding and substitution practices among mothers (Laston Gonah MPH, Julia Mutambara (2016).

A study was conducted on a qualitative systematic review of maternal feeding practices in transitioning from milk feeds to family foods resulted that mothers were crucial to feeding choices. Satisfying infant's has to reach "good mothering" standing as measured by social expectations was extremely valued however lacked thought of nutrition, obesity, and long run health. Maternal interpretation of healthy feeding and successful parenting want attention once developing ways to support new families (Michelle Harrison, Wendy Brodribb, Julie Hepworth (2016)

A study was conducted on Complementary feeding practices among mothers and biological process standing of infants in Akpabuyo space, Cross watercourse State Federal Republic of Nigeria resulted that Prevalence of introduction of complementary feeding among infants aged six to eight months was 85 % minimum dietary diversity rate was thirty one.5%, and minimum meal frequency thirty six.7%,

the speed of minimum acceptable diet was seven.3%. simple fraction (33.3%) of the infants were thin, 26.4%, wasted and twenty four.6%, stunted. youngsters United Nations agency didn't receive timely complementary foods had higher odds for wasting (OR five.15; ninety fifth CI one.50-17.73). youngsters United Nations agency didn't receive the minimum dietary diversity had higher odds for thin than youngsters United Nations agency received the minimum dietary diversity (OR a pair of.07; ninety fifth CI one.17-3.70). youngsters United Nations agency didn't receive the minimum feeding frequency were a lot of doubtless to be inferior than their peers United Nations agency received the minimum feeding frequency (Udoh E E, Amodu OK (2016).

A study was conducted on Determinants of inappropriate complementary feeding practices in young youngsters in India: secondary analysis of National Family Health Survey 2005-2006 resulted that the he prevalence of timely introduction of complementary feeding among infants aged 6-8 months was fifty fifth. Among youngsters aged 6-23 months, minimum dietary diversity rate was fifteen.2%, minimum meal frequency forty one.5% and minimum acceptable diet nine.2Richest households were less doubtless to delay introduction of complementary foods than different households. Minimum dietary diversity and minimum acceptable diet were: no maternal education, lower maternal Body Mass Index (BMI) (Patel A, Pusdekar Y, Badhoniya N, Borkar J, Agho KE, Dibley MJ (2012)

A study was conducted on however well do WHO complementary feeding indicators relate to organic process standing youngsters aged 6-23 months in rural Northern African nation all over that the children 58% met the minimum diet practices, 34% received minimum diversity, 27.8% had received minimum diet and solely fifteen.7 nothing received acceptable complementary feeding. With regard to organic process standing, 20.5%, 11.5% and 21.1% of the study population were scrubby, wasted and skinny severally. Multiple supply multivariate analysis discovered that compared to kids WHO were introduced to complementary feeding either late or early, kids WHO started complementary feeding at six months archaic were twenty five and guarded from chronic deficiency disease. it had been found that kids whose mothers attended prenatal care (ANC) a minimum of four times were thirty four and guarded [AOR zero.66; ninety five nothing CI (0.50 - 0.88)] against scrubby growth

compared to kids born to mothers WHO attended ANC. (Saaka M, Wemakor A, Abizari AR, Aryee P. (2015)

LITERATURE RELATED TO MATERNAL NUTRITIONAL INFORMATION AND CHILD NUTRITIONAL STANDING

A study was conducted on maternal life-style and nutritionary standing in respect to physiological condition and baby health outcomes in Western China: protocol for a prospective cohort study that resulted that up the health and nutrition of ladies and kids was a priority for Western China, wherever the economy was less developed. Because of the dynamic nature of life-style, fashionable food habits and nutrition, there was a requirement to update our restricted information and understanding of maternal life-style and nutritionary standing and their impact on physiological condition and baby health outcomes. Whereas breast milk was the well-liked feeding possibility, baby formula use is widespread in China. It's therefore necessary to look at the results of formula consumption on growth and morbidity. (Tang L, Pan XF, Lee AH, Binns CW, Yang CX, Sun X (2017)

A study was conducted on however vital is Parental Education for kid Nutrition? Found that the calculable nutritionary returns to parental education square measure considerably reduced in models that embody mounted effects and cohort rankings; larger for mothers than for fathers; typically increasing, and marginal for primary education; increasing with social unit wealth; larger in countries/regions with higher burdens of underneath nutrition; larger in countries/regions with higher schooling quality; and extremely variable across country sub-samples. These results imply substantial uncertainty and variability within the returns to education; however results from the additional rigorous models imply that even the action of terribly bold education targets would solely result in modest reductions in flight rates in high-burden countries. We have a tendency to speculate that education might need additional impact on the nutritionary standing of succeeding generation if college curricula targeted on directly up health and nutritionary information of future folks. (representative H, Headey DD. (2017))

A study was conducted on Maternal nutrition information Associate in Nursingd kid nutritionary outcomes in urban Kenya and therefore the Results shown

that maternal nutrition information - measured through an mixture information score - is absolutely related to kid HAZ, even when dominant for alternative influencing factors like social unit living normal and general maternal education. However, disaggregation by form of information reveals vital variations. Maternal information concerning food ingredients solely incorporates a weak positive association big HAZ. For maternal information concerning specific dietary recommendations, no vital association is detected. The strongest positive association big HAZ is found for maternal information concerning the health consequences of not following counseled dietary practices. These findings have direct connectedness for nutrition and health policies, particularly for planning the contents of instructional campaigns and coaching programs. (Debela BL, Demmler KM, Rischke R, Qaim M (2017))

A study was conducted on Autonomy and alimentation decision-making among teen mothers during a rural and concrete setting in Kwa Zulu-Natal, African nation and therefore the results were showed that teen mothers had information concerning counseled feeding practices. However, our findings counsel that these mothers weren't concerned in alimentation selections once they were reception, as a result of alimentation decision-making was a job mostly assumed by older mothers within the family. Also, age of the mother and monetary dependency diminished her autonomy and talent to influence feeding practices. Most feeding recommendation shared by members of the family was inappropriate, resulting in poor alimentation practices among teen mothers. Returning to high school and worry of breastfeeding publicly were additionally barriers to exclusive breastfeeding. (Jama NA, Wilford A, Haskins L, Coutsoudis A, Spies L, Horwood C (2018)).

A study was conducted on Reduced Morbidity intended Adoption of baby and Young kid Feeding Practices when Nutrition Education Intervention in Rural African country assessed caregivers' information and practices .The practices where done in Kasungu and Mzimba districts among 198 caregivers. Mixed-methods convergent-parallel style, as well as information tests, focuses cluster discussions, and in-depth interviews within the intervention areas, was wont to collect quantitative and qualitative knowledge. Knowledge were analyzed exploitation count regression and content analysis, that showed that information accrued among caregivers when nutrition education. The information concerning diet diversification for young kids

further as concerning hygienical practices once making ready food and through feeding improved additionally. Increased health among kids intended caregivers to use improved IYCF practices. The study was supported the caregivers' reports. Long effects of exposure to nutrition education square measure unknown. However, the nutrition education that targeted on the child's health advantages intended mothers to adopt improved IYCF practices. (Chiutsi-Phiri G, Heil E, Kalimbira AA, Masangano C, Mtimuni BM, Krawinkel MB, Jordan I. (2017)).

Chapter – III

METHODOLOGY

CHAPTER - III

METHODOLOGY

Research methodology is the process used to collect information and data for the purpose of making business decisions. In this chapter the investigator discusses the Research approach, Research design, Variables, Setting, Population, Sample, Sample size, Sampling technique, Criteria for data collection, Description of the tool and Plan for data analysis.

This study was done to assess the correlation between the feeding methods practiced by mothers and nutritional status of their children in a selected area Trichy.

RESEARCH APPROACH

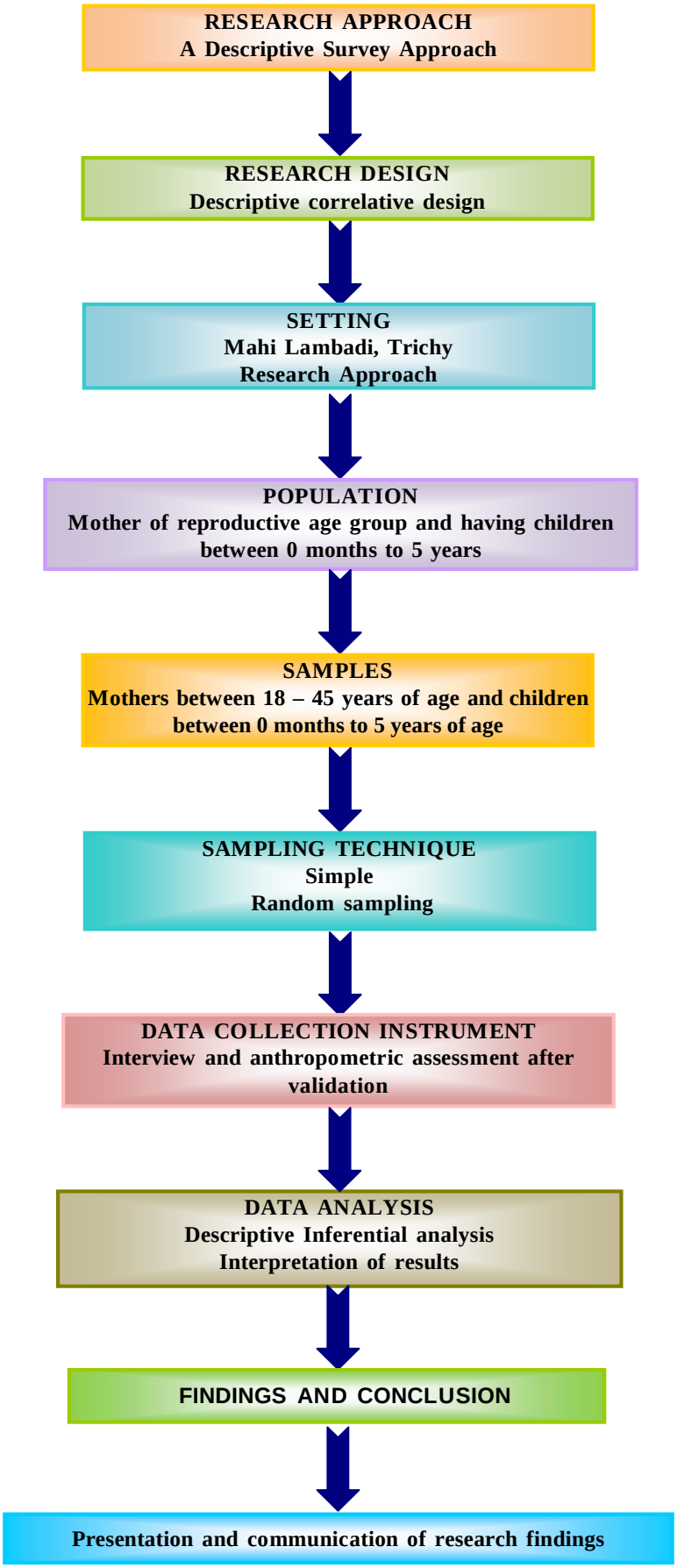
Research approach is the most significant part of any research. It involves the description of the plan to investigate the phenomenon under the study.

In this study, a descriptive survey approach was used to correlate feeding methods practiced by mothers and nutritional status of their children in a selected community at Trichy.

RESEARCH DESIGN

A research design is an arranged and structured strategy of investigation of respondent the analysis question. It helps the research worker in shaping the attribute, choice of population and kind of applied mathematics analysis to interpret the information.

The fact-finding design selected for this study is descriptive correlative design. the aim of a descriptive co-relational design is to explain variables and examine relationships among these variables.


RESEARCH APPROACH
A Descriptive Survey Approach
RESEARCH DESIGN
Descriptive correlative design
SETTING
Mahi Lambadi, Trichy
Research Approach
POPULATION
Mother of reproductive age group and having children between 0 months to 5 years
SAMPLES
Mothers between 18 – 45 years of age and children between 0 months to 5 years of age
SAMPLING TECHNIQUE
Simple
Random sampling
DATA COLLECTION INSTRUMENT
Interview and anthropometric assessment after validation
DATA ANALYSIS
Descriptive Inferential analysis
Interpretation of results
FINDINGS AND CONCLUSION
Presentation and communication of research findings

SCHEMATIC REPRESENTATION OF THE RESEARCH DESIGN

SETTING OF THE STUDY

Represents the area where the study is conducted. The selection of setting was done based on feasibility of conducting the study, availability of the subject and co-operation from the authorities. The study was conducted on mothers of a children's age between 0- 5 years old at Mahilambadi village. Its a Village in Lalgudi Block in Trichy District of Tamil Nadu State, India. It is located 21 KM towards North from District headquarters Tiruchirappalli. 8 KM from Lalgudi. Pudur Uthamanur, Irungalur, R. Valavanur, Inam Samayapuram, Kumulur are the nearby Villages to Mahilambadi.

VARIABLES

In the present study research variables are:

- Feeding methods practiced by mothers – breast feeding, weaning and family diet.
- Nutritional status – Anthropometry measurements

DEMOGRAPHIC VARIABLES INCLUDE

- Age of mother
- Age of a child
- Gender of a child
- Birth order of a child
- Education of mother
- No of under five children
- Occupation of mother
- Duration of married life
- Family income
- Type of family.

POPULATION

Population is a group of members who possesses specific attributes that is a researcher is interested in the study. Mahi Lambadi Village Total population is 2502, female population is 1279, Child (0-5) Population is 239 and number of houses are 681. The sample is selected randomly.

The target population for the present study comprises of all the mother of reproductive age group and having children between 0 months to 5 years of age

SAMPLE SIZE

Sample is a part or subject of population selected to participate in the research study. It is the portion of the population which represents the entire population. In the present study samples consist of 100 mothers of reproductive age group and 100 children the age between 0-5 years of same mothers at Mahilambadi, Trichy.

SAMPLING TECHNIQUE

Sampling theory point of view each individual in the population should have an opportunity to be selected for the sample. One method of providing this opportunity is referred to as random sampling. Hence, simple random sampling technique was found to be apt for the study.

SAMPLING CRITERIA

INCLUSION CRITERIA

1. Mothers of children who were 0 to 5 years old.
2. Both female and male gender children.

EXCLUSION CRITERIA

1. Mothers who have disable children both physically and mentally.
2. Mothers who did not have their children along with them during data collection process.

INSTRUMENT

The instrument used for the present study is structured interview schedule.

DEVELOPMENT OF THE INSTRUMENT

Instrument was developed based on

1. Literature review
2. Consultation withanalysis guide
3. Subject experts in child health andinvestigators
4. Consultation with statistician for information analysis
5. Spearman Brown’s correlation formula was used forreliability.

DESCRIPTION OF THE TOOL

Structured interview schedule was comprised of three sections.

SECTION A: DEMOGRAPHIC VARIABLES

The first part of the tool consists of 13 items in that 9 are related to mothers background such as age, number of children, religion, education, occupation, duration of married life, family income, type of family, source of information regarding feeding practices and remaining 4 items are related to child's age, gender, birth order and presence of other problem.

SECTION B: CHECK LIST

It consist of 30 questions to assess the feeding methods which is been practiced by mothers Such as breast feeding, weaning and family diet and the Total score is 30. The Maximum Score is 30 and the Minimum Score is 0. Each correct answer was given 1 score while the wrong answer was been given 0 score.

SECTION C: ANTHROPOMETRY MEASUREMENT

It consist of 3 items where the children height, weight and chest circumference are been measured.

CONTENT VALIDITY

Validity refers to whether a measuring instrument accurately measures what it is supposed to measure. The content validity of the tool was done by 3 nursing experts, 1 medical officer, 1 statistics expert. Validity of the tool was established with pediatric experts. The tool was modified according to the suggestions and recommendations of experts and tool was finalized.

RELIABILITY OF THE TOOL

Reliability is the degree of consistency and accuracy with which an instrument measures the attribute for which it is designed to measure. The reliability of the tool was established by Spearman Brown's prophecy formula.

Reliability of the tool was 0.9120 so the tool was found to be highly reliable for data collection.

PILOT STUDY

Pilot is a small preliminary investigation of the same general characteristics as the main study, which is design to acquaint the researcher with the problem that can be corrected in the preparation for a large research project. Pilot study was conducted on 10 subjects in Asur, Trichy for a period of 1 week. The permission to conduct pilot study was obtained from the mother individually with the consent form and the subjects were chosen by random sampling technique. The purpose of the study was explained and informed consent was obtained from the samples. The analysis was done by using descriptive and inferential statistics.

METHOD OF DATA COLLECTION

ETHICAL CONSIDERATION

The study was conducted in selected area at Trichy district after obtained written permission from the respective authorities. Both verbal and informed written consent was obtained from each subject and data will be kept confidential.

PERIOD OF DATA COLLECTION

The data collection was done over a period of 4 weeks.

DATA COLLECTION PROCEDURE

After obtained permission from concerned authorities. Mothers and children's were been selected by using simple random method. The purpose of the study was explained and informed consent was obtained from the samples and administered the tool to 100 mothers as well as anthropometric measurement were been taken and recoded for their children's.

PLAN for data analysis

The data was analyzed by using descriptive and inferential statistics

DESCRIPTIVE STATISTICS

- Frequency, percentage distribution for demographic data
- Mean, median and standard deviation used for collected data

INFERENTIAL STATISTICS

- Chi square test will be used to find the association between selected demographic variable and feeding methods practiced by mothers
- Correlation for the present study was calculated by using Spearman's Rank Correlation.

PROTECTION OF HUMAN RIGHTS

The study was approved by the dissertation committee prior to the conduction of pilot and main study. The investigator obtained oral and written permission from the respective authorities of the selected area. Both verbal and informed written consent was obtained from each subject by explain the purpose of the study prior to the data collection. Assurance was provided to the subject that the anonymity, confidentiality and subject privacy will be guarded throughout the study.

Chapter – IV

DATA ANALYSIS AND INTERPRETATION

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of the data gathered to correlate the feeding practices of mothers and nutritional status of their children.

Ordinarily the amount of data collected in a study is too extensive to be reliably described by mere pursuit. In order to answer meaningfully the research questions, the data must be processed and analyzed systematically and testing of research hypothesis using those data.

OBJECTIVES

1. To assess the feeding practices of mothers.
2. To assess the nutritional status of children.
3. To find out the correlation between the feeding practices of mothers and the nutritional status of their children.
4. To find out the association between feeding practices and selected variables of mothers and their children.

ORGANIZATION AND PRESENTATION OF DATA

The obtained data were organized and presented under the following sections.

SECTION A

Describes the frequency distribution and percentage of demographic variables of mothers and their children.

SECTION B

In this section mean and standard deviation of feeding practices are described.

SECTION C

Area wise classification of respondents on feeding practices is analyzed.

SECTION D

Correlation between feeding methods practiced of mothers and selected nutritional

parameters of their children.

SECTION E

Association between feeding method practiced by mothers and demographic variables of mothers.

SECTION F

Association between feeding methods practiced by mothers and selected variables of children.

SECTION- I

FREQUENCY DISTRIBUTION AND PERCENTAGE OF DEMOGRAPHIC VARIABLES OF MOTHERS AND THEIR CHILDREN

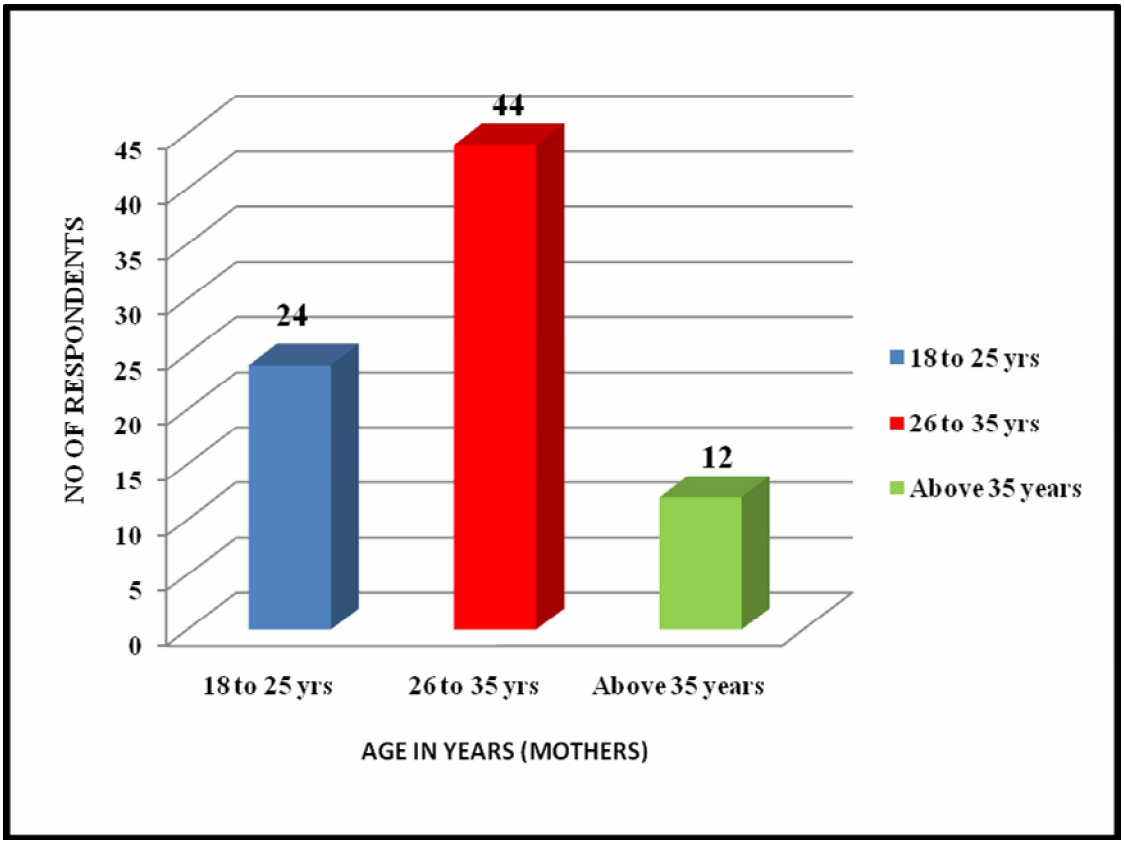


Fig.1: Frequency and percentage distribution of the mothers by age

Among 80 mothers 30 percent were between 18 to 25 years of age, 55 percent were between 26 to 35 years, and 15 percent were above 35 years of age. (Fig.3)

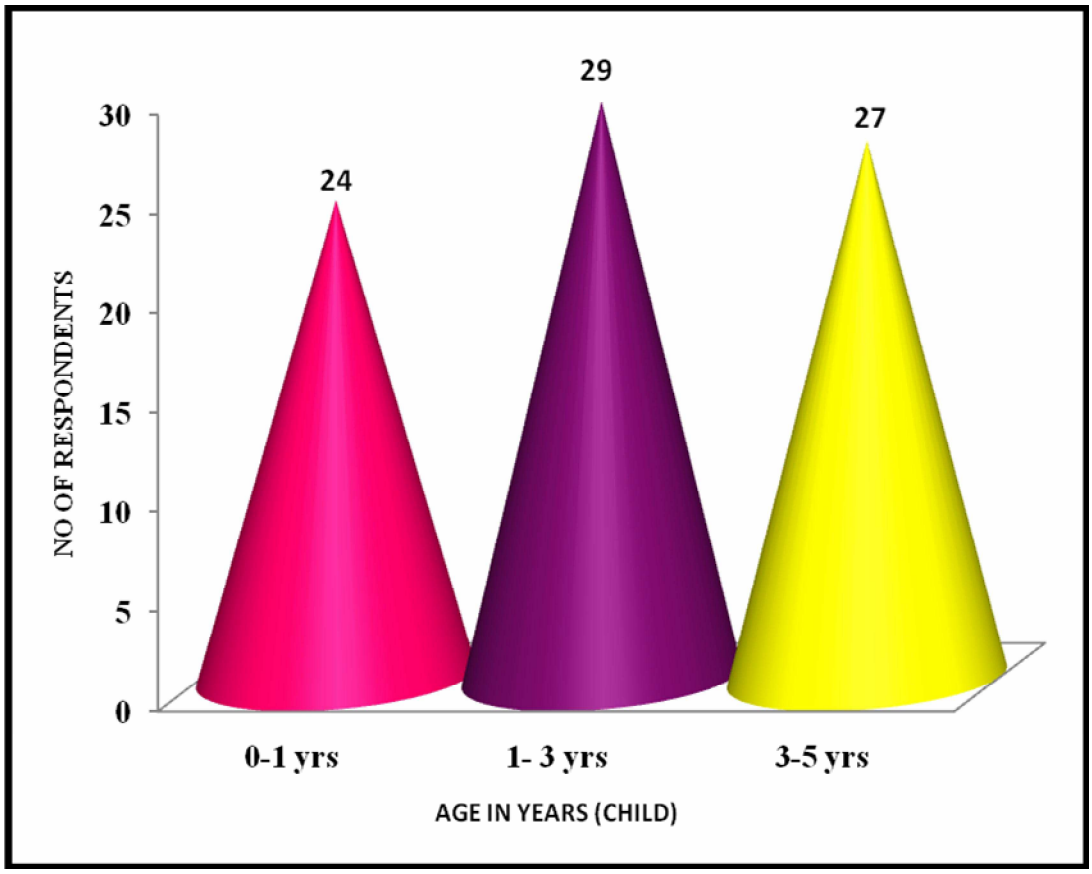


Fig: 2 Frequency and percentage distribution of children by age.

Among 80 children 30 percent were between 0- 1 year, 36 percent were between 1 to 3 years and 34 percent were between 3 to 5 years of age. (Fig.2)

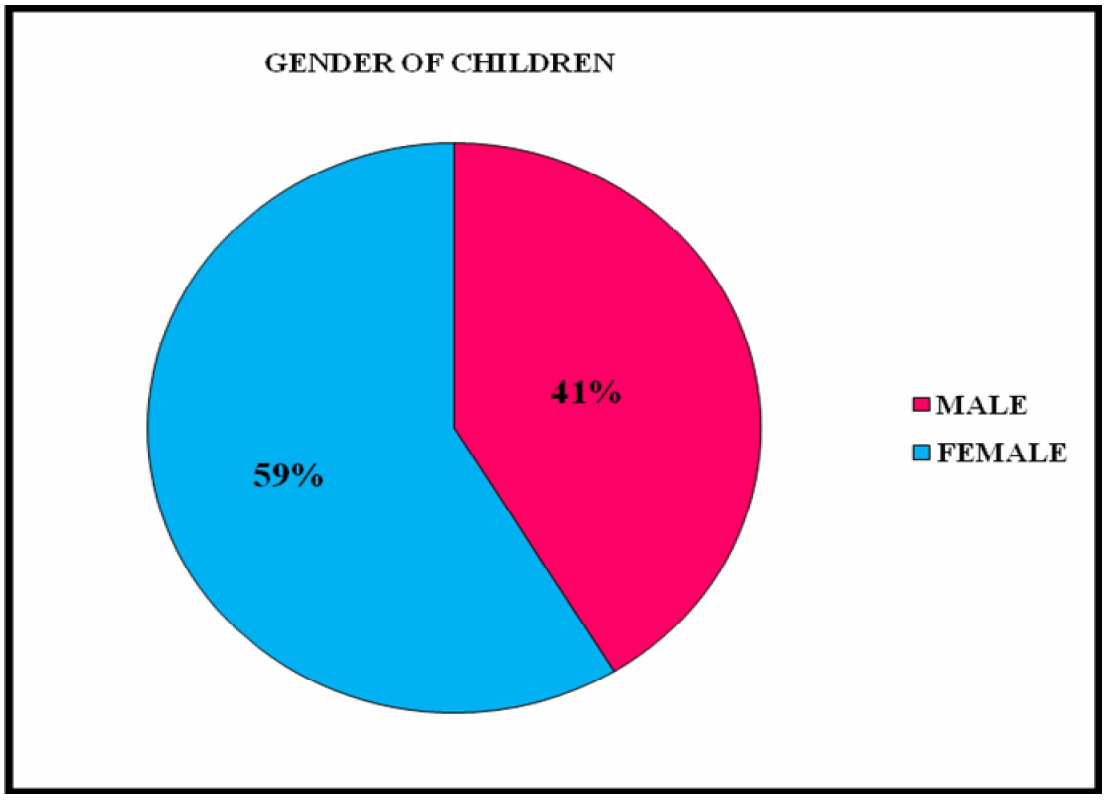


Fig.3: Frequency and percentage distribution of children by gender.

Among 80 children 59 percent were females and 41 percent were males.

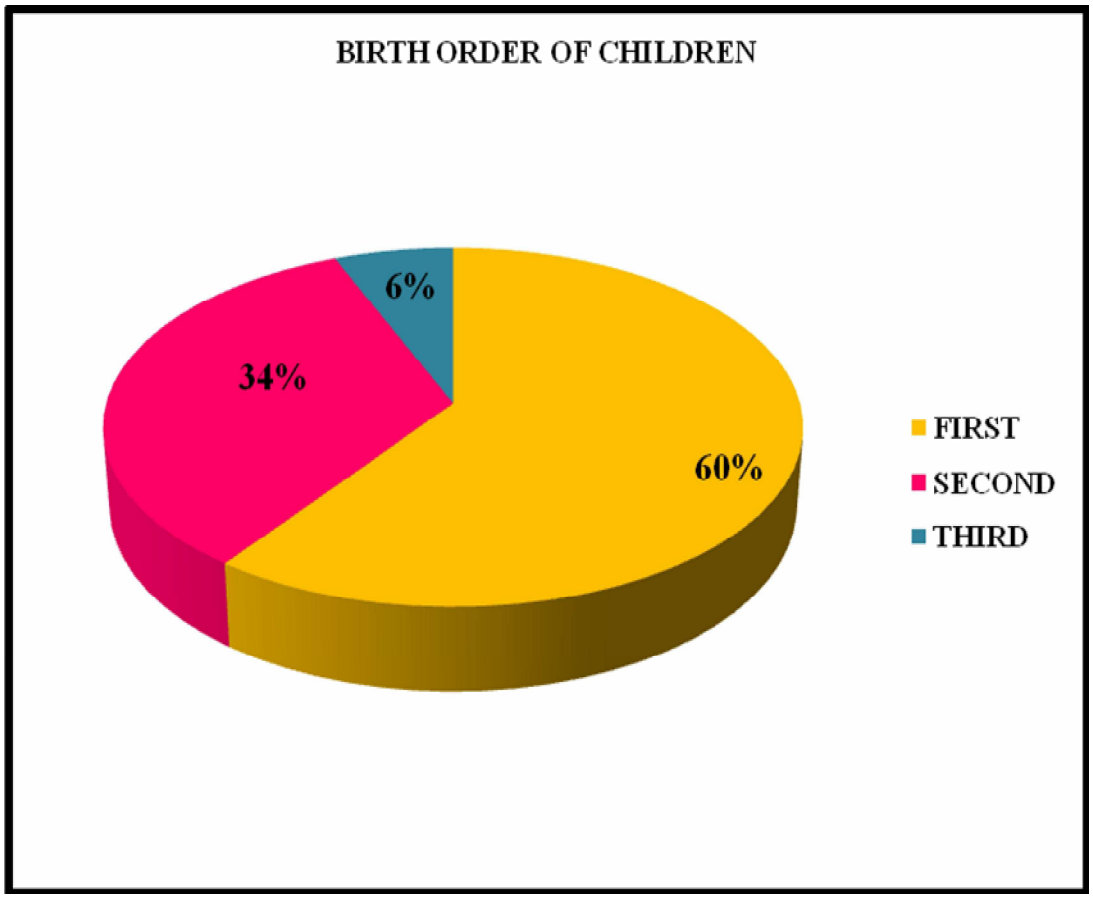


Fig.4: Frequency and percentage distribution of birth order of children

Among 80 children 60 percent were first born, 34 percent were second in birth order and 6 percent were above two in birth order. (Fig.4)

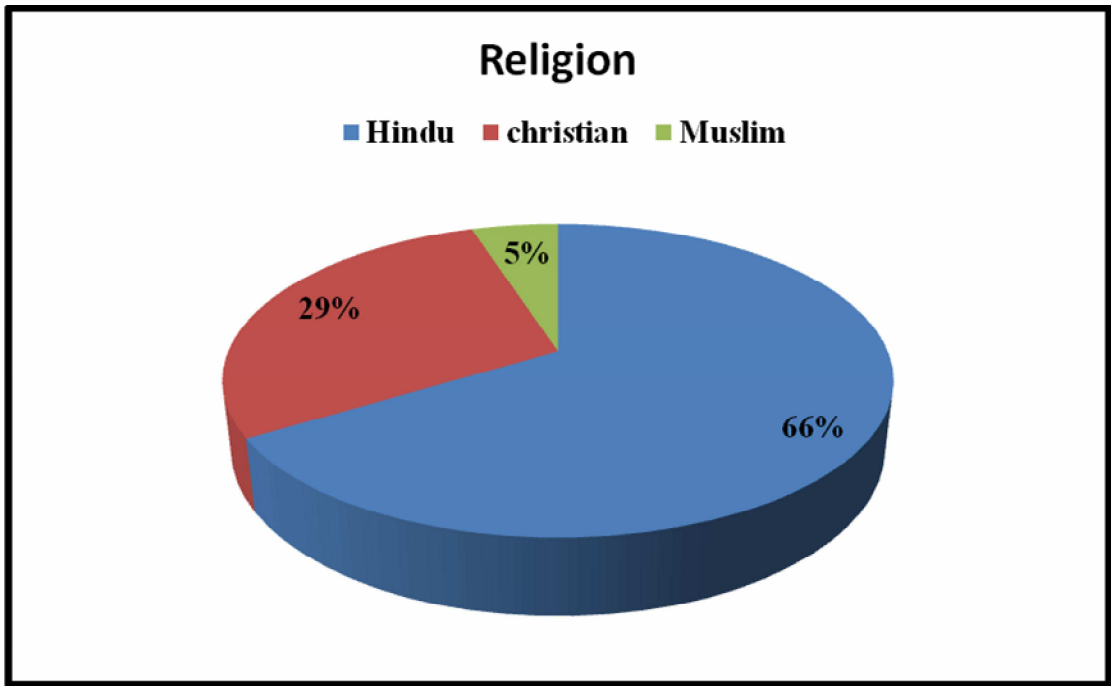


Fig.5 Frequency and percentage distribution of mothers by religion

Among 80 mothers 66 percent were Hindus, 5 percent were Muslims and 29 percent were Christians. (Fig.5)

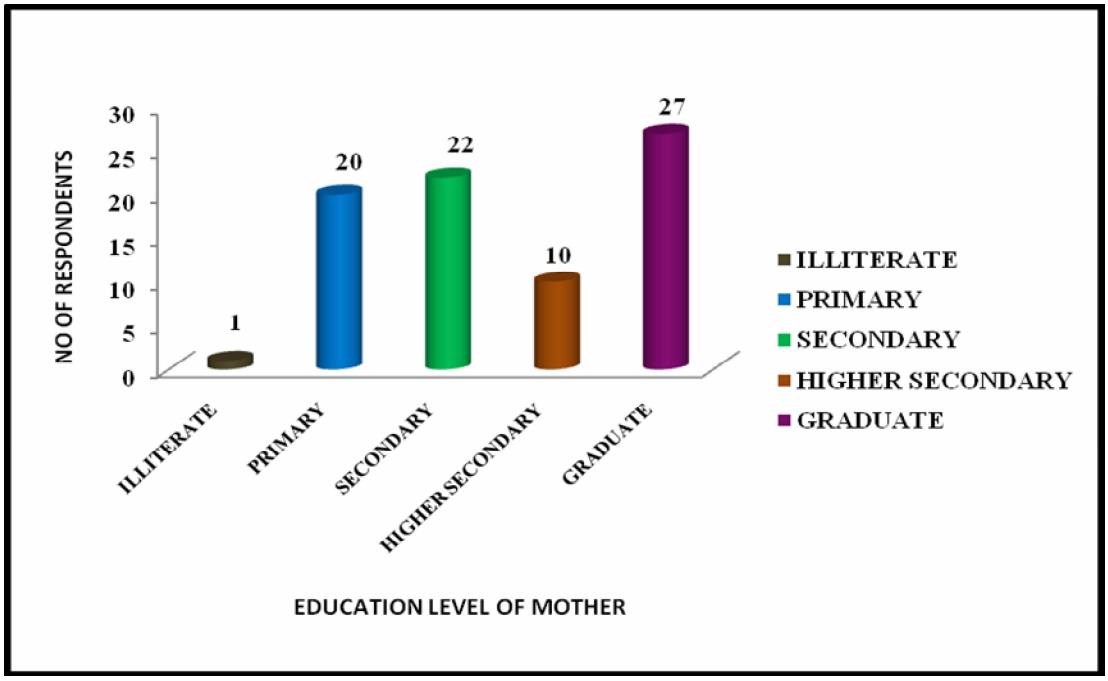


Fig.6: Frequency and percentage distribution of mothers according to their educational status.

Among 80 mothers 1 percent was illiterate, 25 percent had primary education, 28 percent had secondary education, 13 percent had higher secondary education, 34 percent were graduates (Fig.6.)

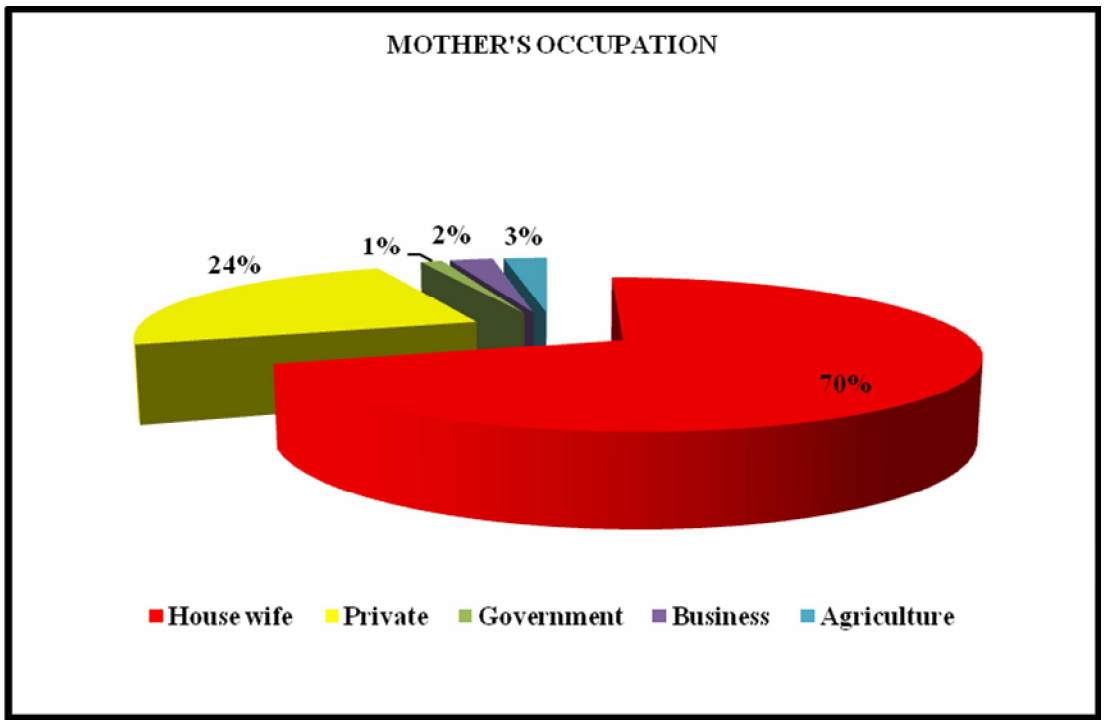


Fig.7: Frequency and percentage distribution of mothers by occupation.

Among 80 mothers70 percent were housewives, 24 percent were private employees ,1 percent were government employees,2 percent were business women's and 2 percent were doing agriculture (Fig.7.)

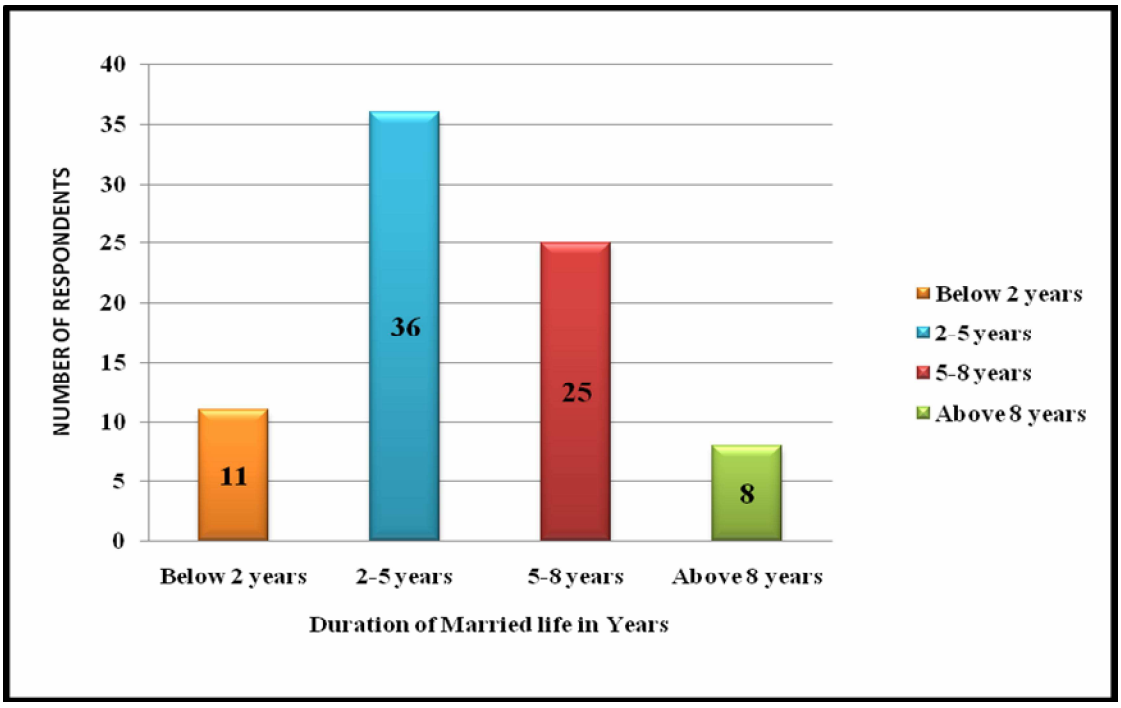


Fig 8: Frequency and percentage distribution of mothers by duration of married life

Among80 mothers 14 percent had duration of married life below 2 years, 45 percent had married life between 2-5years, 31 percent had married life between 5-8 years and10 percent had married life above 8 years. (Fig.8)

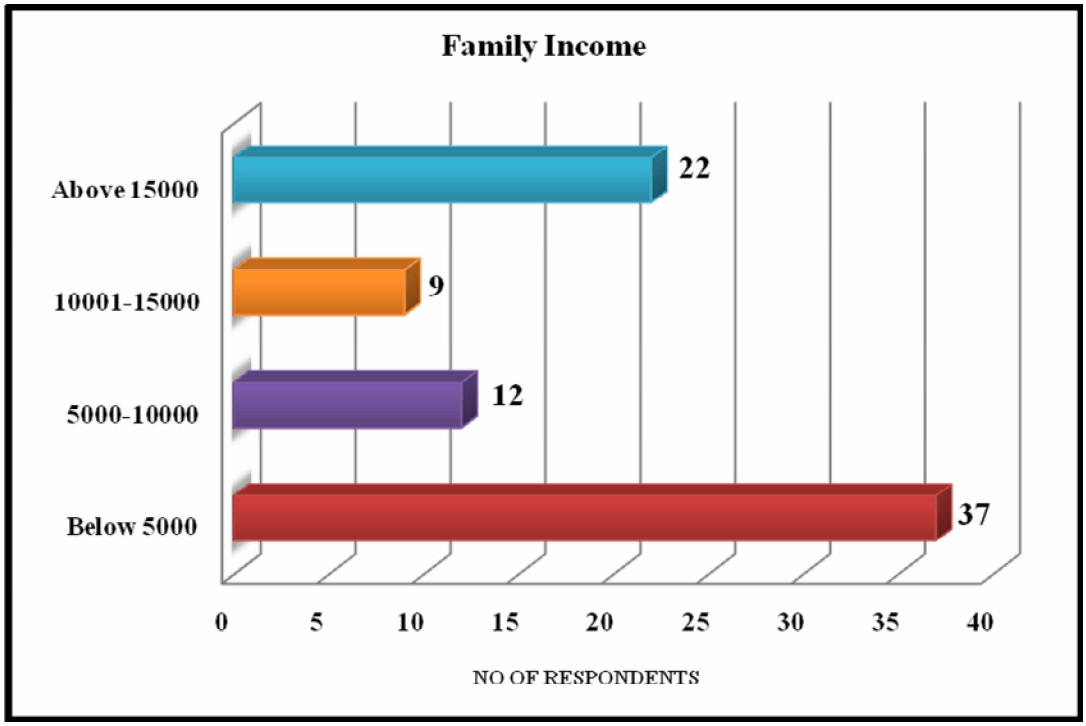


Fig.9: Frequency and percentage distribution of mothers by family income

Among 80 mothers 46 percent had family income below Rs.5000, 15 percent had family income between Rs.5001 to 10000, 11 percent had above Rs.10001 to 15000 and 28 percent had family income above Rs.15000. (Fig:9)

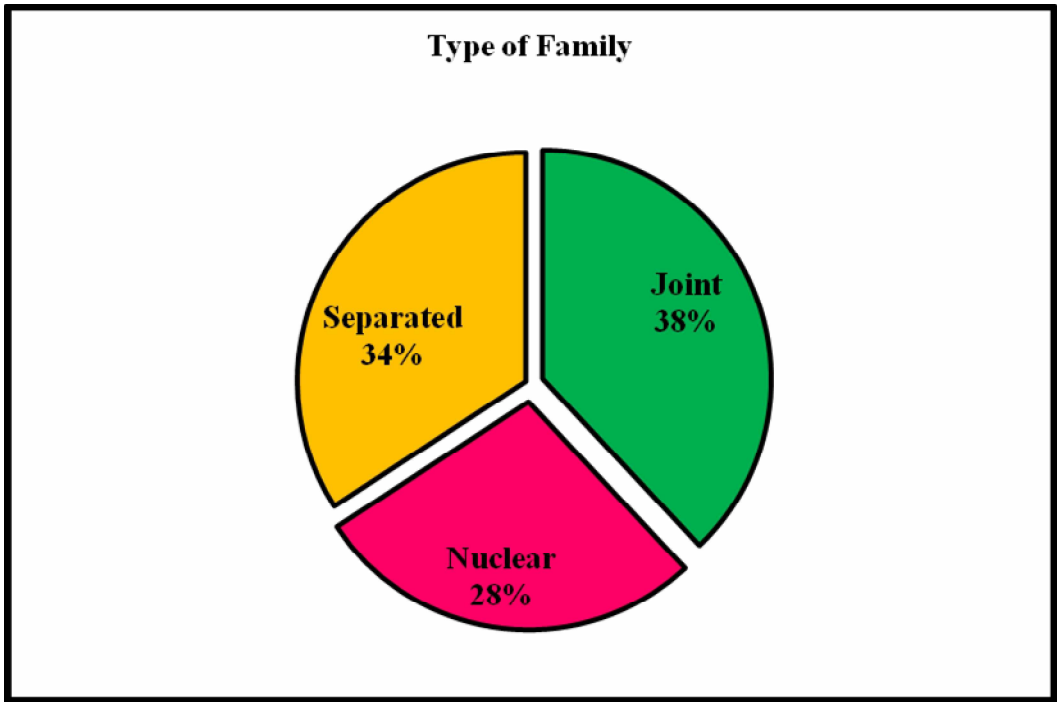


Fig.10: Frequency and percentage distribution of respondents according to type of family

Out of 80 mothers 28 percent had nuclear families, 38 percent had joint families and 34 percent had separated families (Fig.10)

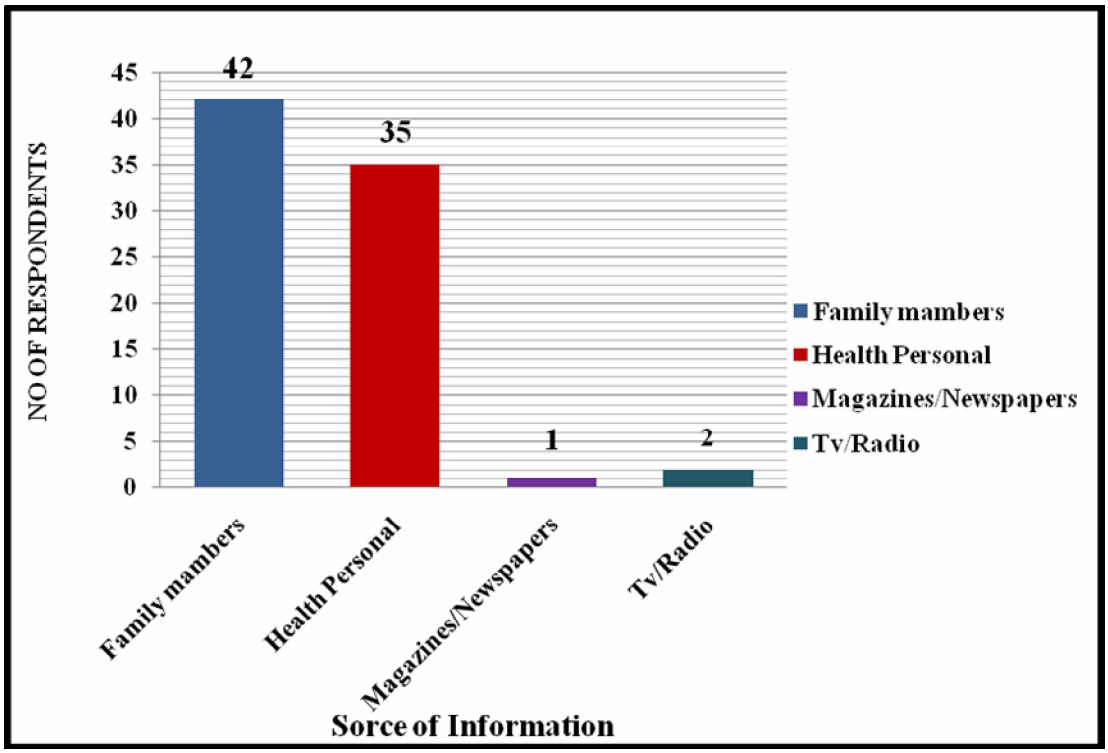


Fig.11: Frequency and percentage distribution of respondents by source of information

Among 80 mothers 53 percent had family members / relatives / friends as source of information, 44 percent had health personal, 2 percent had TV/radios and 1 percent had books / journals as source of information (Fig.11)

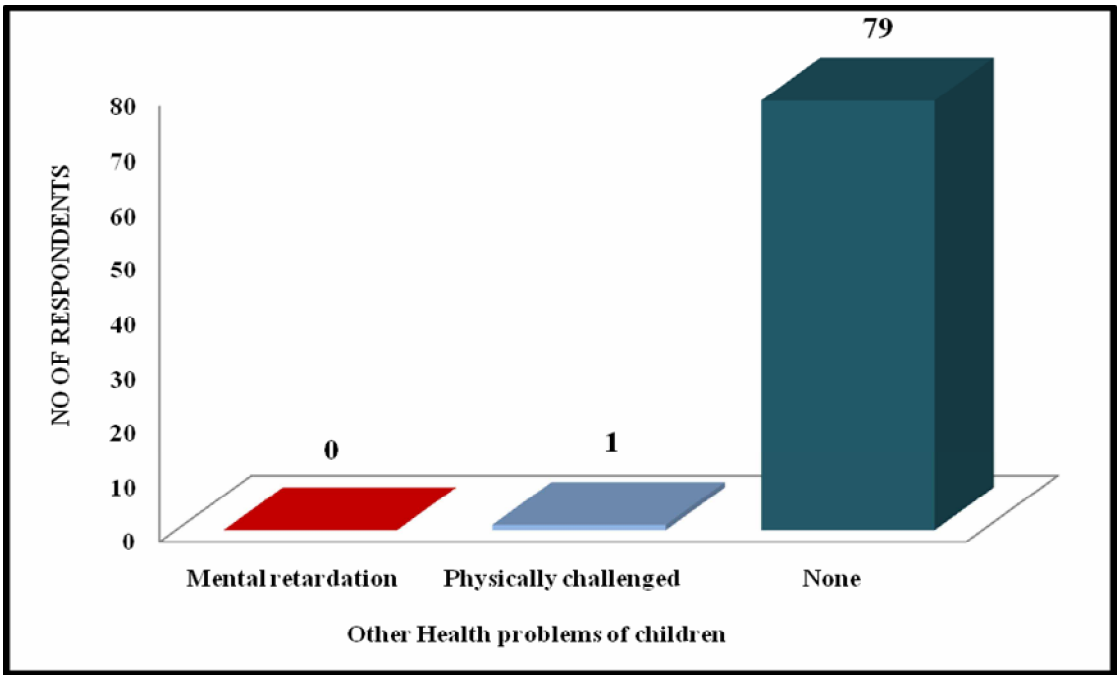


Fig.12: Frequency and percentage distribution of respondents by health problems

Among 80 children's0 percent hadmental retardation, 1 percent had physically disabilities, 99 percent had none (Fig.12)

SECTION II

TABLE 1

AREA WISE ANALYSIS OF MEAN AND STANDARD DEVIATION OF FEEDING METHODS PRACTICED BY MOTHERS

n =80

Sl. No.	Area wise analysis	Max. score	Range	Mean	SD	Mean %
1	Breast feed	9	5-9	6.98	0.84	77.56
2	Weaning	10	4-10	7.11	1.08	71.10
3	Family diet	11	1-11	5.28	1.96	48.00
Total		30	13-15	19.37	2.51	64.57

The total score 30. The total mean feeding practices was 19.37 with a standard deviation of 2.51 while total mean percentage was 64.57. (Table 1).

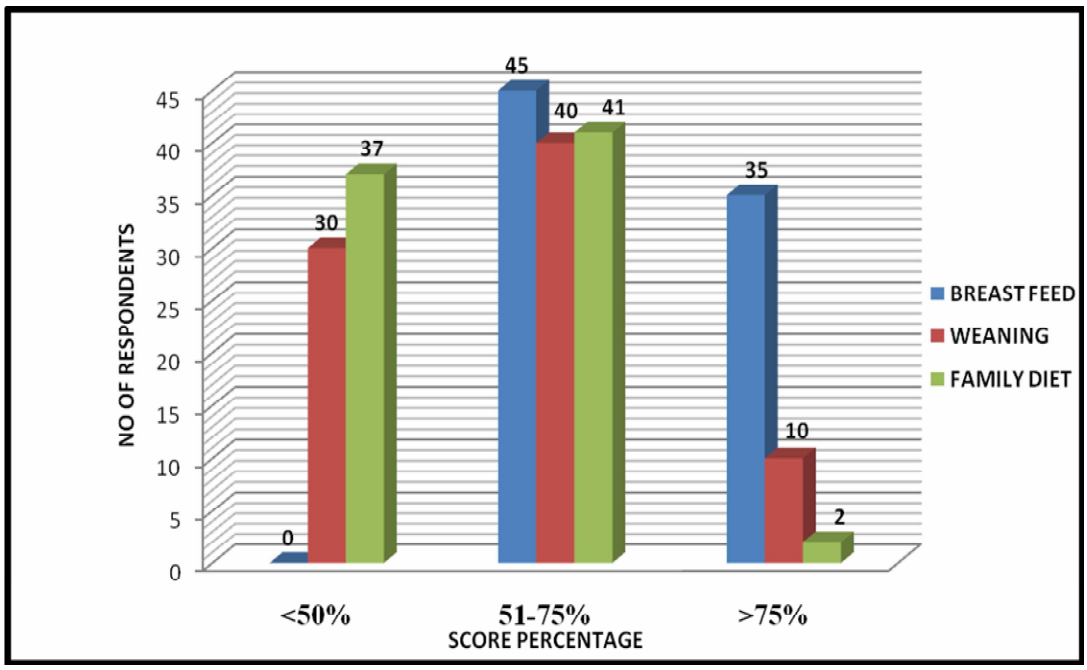
SECTION III

TABLE I

AREA WISE CLASSIFICATION OF RESPONDENTS ON FEEDING METHODS PRACTICED BY MOTHERS

n = 80

Sl. No.	Area wise	Not satisfactory (<50%)		Moderately Satisfactory (51-75%)		Satisfactory (>75%)	
		No. of subjects	Percent	No. of subjects	Percent	No. of subjects	Percent
1	Breast feed	0	0	45	56.35	35	43.75
2	Weaning	30	37.5	40	50	10	12.5
3	Family diet	37	46.25	41	51.25	2	2.5



As per breast feeding practices, none of them were under the classification of not satisfactory, 56.35 percent had moderately satisfactory feeding practices and 43.75 percent had satisfactory feeding practices with regard to weaning, 37.5 percent had not satisfactory feeding practices, 50 percent had moderately satisfactory feeding practices and 10 percent had satisfactory feeding practices. As per family diet; 46.25 percent had not satisfactory feeding practices, 51.25 percent had moderately

satisfactory and 2.5 percent had satisfactory feeding practices. (Table2)

SECTION IV

TABLE 1

CORRELATION BETWEEN FEEDING METHODS PRACTICED BY MOTHERS AND SELECTED NUTRITIONAL PARAMETERS OF THEIR CHILDREN

n = 80

Sl. No.	Spearman's correlation between the scores of feeding methods practiced by mothers and selected nutritional parameters of children	Spearman's correlation value
1	Present weight (kgs)	0.1759
2	Height	0.1524
3	Chest Circumference	0.1162

Spearman's correlation between scores of feeding methods practiced by mothers and selected nutritional parameters of their children revealed that higher the knowledge level of respondents on feeding practices, better is the outcome of nutritional parameters. That is, there exist a positive relationship between feeding practices and present weight (r=0.1759), height (r=0.1524) and chest circumference (r=0.1162) of the study group. (Table3).

SECTION V

TABLE 1

ASSOCIATION BETWEEN FEEDING PRACTICES AND SELECTED VARIABLES OF CHILDREN

n = 80

Variable	Category	Feeding practices score		Chi-square	df	Table value
		≤Median	>Median			
Age (yrs.) ▪	18 to 25 yrs.	13	11	2.0394	2	5.99
	26 to 35 yrs.	23	21			
	Above 35 years	9	3			
Religion▪	Muslim	3	1	1.0027	2	5.99
	Hindu	28	25			
	Christian	14	9			
Type of Family▪	Nuclear	13	10	0.0081	2	5.99
	Joint/Extended	17	13			
	Separated	15	12			
Education▪	Illiterate	1	0	**45.157***	4	9.48
	Primary	19	1			
	Secondary	18	4			
	Higher Secondary	5	5			
	Graduate	2	25			
Occupation▪	House wife	36	20	**10.753***	4	9.48
	Government	1	0			
	Private	5	14			
	Business	1	1			
	Agriculture	2	0			

Variable	Category	Feeding practices score		Chi-square	df	Table value
		≤Median	>Median			
Income▪	Below 5000	29	8	**23.952***	3	7.81
	5000-10000	9	3			
	10001-15000	3	6			
	Above 15000	4	18			
Duration of Married life	Below 2 years	4	7	5.979	3	7.81
	2-5 years	22	14			
	5-8 years	12	13			
	Above 8 years	7	1			
Source of information▪	Family member	25	17	4.051	3	7.81
	Radio/TV/Media	0	2			
	Health personal	20	15			
	Magazine/Newspapers	0	1			

* Significance at p<0.05 level.

Chi-square established at 0.05 level of significance denotes that the association between feeding practices and demographic variables such as education, occupation and income were statistically significant. However the Chi-square value established at 0.05 level of significance denotes that the association between feeding practices and demographic variables like age, religion, type of family, duration of married life, , and source of information were not statistically significant. (Table).

TABLE 5

ASSOCIATION BETWEEN FEEDING PRACTICES AND SELECTED VARIABLES OF CHILDREN

n = 100

Variables	Category	Total feeding practices score		Chi-square value	df	Table value
		≤Median	>Median			
Present weight in kg	≤Mean	24	21	0.356	1	3.841
	>Mean	21	14			
Height (cms)	≤Mean	18	17	0.588	1	3.841
	>Mean	27	18			
Chest Circumference (cms)	≤Mean	36	27	0.096	1	3.841
	>Mean	9	8			
Age of Child (months)	0-1 yrs	13	11	0.114	2	5.99
	1- 3 yrs	17	12			
	3-5 yrs	15	12			
Gender	Male	22	11	2.477	1	3.841
	Female	23	24			
Birth order	First	22	26	5.45	2	5.99
	Second	19	8			
	Third	4	1			

No significant association was found between feeding practices score and variables of children like present weight, height, chest circumference, age of the child and gender and birth order of child at $P<0.05$ level. (Table.5)

Chapter – V

DISCUSSION

CHAPTER V
DISCUSSION

The present study was aimed to correlate the feeding methods practiced by mothers and nutritional status of their children. The correlation was been done by making association between the demographic variables and feeding methods practiced by mothers and correlation coefficient between feeding practices and anthropometric parameters.

The study was conducted in Mahilambadi village among reproductive age group of mothers who have children between the age of 0 months and 5 years.

A structured interview schedule was used to assess the feeding practices among mothers. The research design used for the study was descriptive correlative design. Random sampling technique was used to select 80 mothers and their children between the age group of 0 months to 5 years from rural community.

FINDINGS AND DISCUSSION

SECTION – 1

FINDINGS RELATED TO THE DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Among 80 mothers, 30 percent of them were between 18-25 years of age, 55 percent of them were between 26-35 years and 15 percent were above 35 years of age. 66 percent among the total respondents were Hindus, 29 percent were Christians and 5 percent of them were Muslims. 29 percent of them belonged to nuclear families, 38 percent of them lived in joint families and 34 percent of them lived in separate families. Education wise, only 1 percent of them was illiterate, 25 percent had primary education, 28 percent had secondary school education, 13 percent had higher secondary school education and 34 percent of them were graduates. Occupation wise, 70 percent of them were housewives, 24 percent of them were private employees, 1 percent was government employees, 3 percent of them were business women and 3 percent of them were doing agriculture. Family income wise, 46 percent of them had an income of below Rs.5000, 15 percent of them had an income between Rs.5001 and Rs.10000, 11 percent of them had a family income between Rs.10001-15000 and 28

percent of them had a family income above Rs.15000. Among the total mother respondents 14 percent had duration of below 2 years of married life, 45 percent had duration of 2-5 years of married life, and 31 percent had duration of 5-8 years of married life. And 10 percent had duration of above 8 years of married life. 53 percent of the mothers attributed family members/ friends as the source of information on feeding practices, 44 percent of mothers attributed the same to Health personal, 3 percent of mothers attributed the same to radios/ television and 1percent of them attributed it by magazines and newspapers.

Among 80 children 30 percent of were age between 0-1 year, 36 percent were between 1 – 3 years of age and 34 percent were 3 to 5 years of age. 60 percent were first born, 34 percent were 2nd born and 6 percent of them were born third Among 80 children 59 percent of them were females and 41 percent of them were males.

OBJECTIVES

TO ASSESS THE FEEDING METHODS PRACTICED BY MOTHERS

Breast feeding aspect highest score was 9 and response on feeding methods practiced by mother mean 6.98, mean percentage 77.56% and SD 0.84. Weaning aspect highest score 10 and response on feeding methods practiced by mother mean 7.11, mean percentage 71.10% and SD 1.08. Family diet highest score 11, mean 5.28, mean percentage 48% and SD 1.96.

TO ASSESS THE NUTRITIONAL STATUS OF CHILDREN

- As per breast feeding methods practiced by mothers, none of them were under the classification of not satisfactory (<50%), 56 percent had moderately satisfactory (51-75%) and 44 percent had satisfactory level (>75%) of breast feeding practices.
- As per weaning methods practiced by mothers 38 percent had not satisfactory (<50%) weaning practices, 50 percent had moderately satisfactory (51-75%). weaning practices and 12 percent had satisfactory feeding practices (>75%).
- As per family diet; 46 percent had not satisfactory feeding practices (<50%), 51 percent had moderately satisfactory (51-75%) and 2 percent had satisfactory feeding practices (>75%).

TO FIND OUT CORRELATION BETWEEN THE FEEDING METHODS PRACTICED BY MOTHERS AND THE NUTRITIONAL STATUS OF THEIR CHILDREN

Correlation between scores of feeding methods practiced by mothers and selected nutritional parameters of their children revealed that higher the knowledge level of respondents on feeding practices, better is the outcome of nutritional parameters. That is, there exist a positive moderate relationship between feeding method practiced by mothers and present weight (r=0.1759), height (r=0.1524) and chest circumference (r=0.1162) of the study group.

TO FIND CORRELATION BETWEEN THE FEEDING METHODS PRACTICED BY MOTHERS AND THEIR CHILDREN WITH SELECTED VARIABLES

Chi-square established at 0.05 level of significance denotes that there is statistically significant association between feeding methods practiced by mothers and demographic variables of mothers such as Family Income, education and occupation. The remaining variables are found non-significant.

No significant association was found between feeding practices and anthropometric variables of children like age, gender, birth order, present weight, height, and chest circumference at $p<0.05$ level.

TESTING OF HYPOTHESIS

H_1: There is correlation between feeding methods practiced by mothers and nutritional status of their children.

Since there exist a positive moderate relationship between feeding method practiced by mothers and present weight (r=0.1759), height (r=0.1524) and chest circumference (r=0.1162) of the study group the researcher concluded that there is positive correlation between feeding methods practiced by mothers and nutritional parameters of their children. Hence the score is positive the hypothesis is accepted.

Chapter – VI

CONCLUSION

CHAPTER - VI

CONCULSION

The present study was aimed to correlate the feeding methods practiced by mothers and nutritional status of their children. The correlation was done by making association between the demographic variables and feeding practices and correlation coefficient between feeding methods practiced by mothers and parameters.

The study was conducted in Mahilambadi village among reproductive age group of mothers who have children between the ages of 0 months and 5 years.

A structured interview schedule was used to assess the feeding methods practiced by mothers. The research design adopted for the study was descriptive correlative design. Random sampling technique was used to select 80 mothers and their children between the age group of 0 months to 5 years from rural communities.

THE FOLLOWING CONCLUSIONS ARE MADE FROM THE STUDY

- The participants included in the study were between the age group of 18 to above 35 years.
- There is no significant association between age of the mothers and feeding methods practiced by mothers.
- Education wise, only 1 percent of them was illiterate, 25 percent had primary education, 28 percent had secondary school education, 13 percent had higher secondary school education and 34 percent of them were graduates .**There was a significant association between education and feeding methods practiced by mothers**.
- Occupation wise, 70 percent of them were housewives, 24 percent of them were private employees, 1 percent was government employees, 3 percent of them were business women and 3 percent of them were doing agriculture. There was a significant association between occupation and feeding methods practiced by mothers.
- Family income wise, 46 percent of them had an income of below Rs.5000, 15 percent of them had an income between Rs.5001 and Rs.10000, 11 percent of them had a family income between Rs.10001-15000 and 28 percent of them had a

family income above Rs.15000. There was a significant association between family income and feeding methods practiced by mothers

- Among the total mother respondents 14 percent had duration of below 2 years of married life, 45 percent had duration of 2-5 years of married life, and 31 percent had duration of 5 – 8 years of married life. And 10 percent had duration of above 8 years of married life. But there was no association between duration of married life and feeding methods practiced by mothers.
- As per source of information53 percent of the mothers attributed family members / friends as the source of information on feeding practices, 44 percent of mothers attributed the same to Health personal, 3 percent of mothers attributed the same to radios/television and 1 percent of them attributed it by magazines and newspapers. But there was no association between duration of married life and feeding methods practiced by mothers
- Correlation between feeding practices and nutrition parameter; present weight (r=0.1759), height (r=0.1524) and chest circumference (r=0.1162) were positively correlated.

So findings of the study reveal that there is a positive correlation between feeding methods practiced by mothers and nutritional status of their children.

NURSING IMPLICATION

The findings of the study have certain important implications for the nursing services, education, research and nursing administration.

NURSING SERVICE

Nurses are act as an educator, leader, supervisor, protector, advocator and team member in various situation of work. The findings of the study will help the mothers to protect their children’s from nutritional deficient disorder.

NURSING EDUCATION

The study emphasis the need of educating the nursing personal, non-nursing personal and the public through in service or continuing programme to update their knowledge and skills in educating the mothers regarding feeding practices.

NURSING RESEARCH

The study can be a baseline for further studies to build upon a tremendous improvement in the nutritional status of the children.

NURSING ADMINISTRATION

Nursing administration should maintain proper vision and mission while implementing the policy regarding health care of the children. As children are vulnerable population, mothers should be taken into consideration for the prevention of nutritional disorder among children and to maintain a good health status of a children.

RECOMMENDATIONS

- A comparative study can be conducted between rural and urban settings.
- Video teaching program can be arranged for mother as part of experimental study to improve their feeding methods.
- Study can be replicated in different community setting.

SUMMARY

The main purpose of the study was to correlate the feeding methods practiced by mothers and nutritional status of their children.

OBJECTIVES OF THE STUDY WERE

1. To assess the feeding practices of mothers
2. To assess the nutritional status of children
3. To find out the correlation between the feeding methods practiced by mother and the nutritional status of their children.
4. To find out the correlation between the feeding methods practiced by mother and their children with selected variables.

The conceptual frame work adopted for this study was based on Rosenstoch's and Becker's health belief model.

The review of different nutrition and feeding literature and non-research literature and articles helped the investigator to develop the conceptual frame work, structured interview schedule and plan for data analysis.

The study was conducted in Mahilambadi from 3rdJuly to 3rdAugust 2018. The study adopted descriptive survey approach with random sampling technique.

Sample of the study consisted of 80 rural mothers and their children. The tool used for data collection was structured interview schedule.

It consists of the following sections

SECTION A

Deals with demographic variables which include age of the mothers, age of a child, gender of a child, birth order of a child, religion, education of mother, occupation of mother, duration of married life, family income, type of family, source of information regarding feeding practices and presence of other problems.

SECTION B

- It consists of 30 items with regard feeding methods practiced by mothers concerning breast feeding, weaning practices and family diet. Total score was 30.
- Tool was prepared by construction of items, content validity and preparation of the final copy of the tool.
- After obtaining formal permission from Village Administration officer, Mahilambadi the tool was used for data collection. Then the collected data were analyzed using descriptive and inferential statistics and interpreted in terms of objectives.

SECTION C

Deals with the anthropometry measurement of the children includes height, weight, and chest circumference.

MAJOR FINDINGS OF THE STUDY

1. FINDINGS REGARDING THE DEMOGRAPHIC CHARACTERISTICS OF THERESPONDENTS

i. Among 80 mothers, 30 percent of them were between 18-25 years of age, 55 percent of them were between 26-35 years and 15 percent were above 35 years of age.

ii. Religion wise 66 percent among the total respondents were Hindus, 29 percent were Christians and 5 percent of them were Muslims.

iii. 29 percent of them belonged to nuclear families, 38 percent of them lived in joint families and 34 percent of them lived in separate families.

iv. Education wise, only 1 percent of them was illiterate, 25 percent had primary education, 28 percent had secondary school education, 13 percent had higher secondary school education and 34 percent of them were graduates.

v. Occupation wise, 70 percent of them were housewives, 24 percent of them were private employees, 1 percent was government employees, 3 percent of them were business women and 3 percent of them were doing agriculture.

vi. Family income wise, 46 percent of them had an income of below Rs.5000, 15 percent of them had an income between Rs.5001 and Rs.10000, 11 percent of them had a family income between Rs.10001-15000 and 28 percent of them had a family income above Rs.15000.

vii. Among the total mother respondents 14 percent had duration of below 2 years of married life, 45 percent had duration of 2-5 years of married life, and 31 percent had duration of 5-8 years of married life. And 10 percent had duration of above 8 years of married life.

viii. 53 percent of the mothers attributed family members / friends as the source of information on feeding practices, 44 percent of mothers attributed the same to Health personal, 3 percent of mothers attributed the same to radios/ television and 1 percent of them attributed it by magazines and newspapers.

ix. Among 80 children 30 percent of were age between 0-1 year, 36 percent were between 1 – 3 years of age and 34 percent were 3 to 5 years of age. 60 percent were first born, 34 percent were 2nd born and 6 percent of them were born third Among 80 children 59 percent of them were females and 41 percent of them were males.

2. FINDINGS PERTAINING TO AREA WISE CLASSIFICATION OF FEEDINGMETHODS PRACTICED BY MOTHERS

- **Breast feeding**: 44 percent adequate, 56 percent satisfactory and none of them had not satisfactory feeding practices.

- **Weaning**: 37.5 percent not satisfactory, 50 percent satisfactory and 12.5 percent had adequate feeding practices.
- **Family diet**: 46.25 percent not satisfactory, 51.25 percent satisfactory and 2.5 percent had adequate feeding practices.

3. CORRELATION BETWEEN FEEDING METHODS PRACTICED BY MOTHERS AND SELECTED NUTRITIONALPARAMETERS.

Finally, it is found that there is a positive moderate correlation between feeding methods practiced by mothers and nutritional status of their children. Spearman's Rank Correlation value to correlate the feeding methods practiced by mothers and selected nutritional parameters of children is found to be r=0.1759 for the present weight r=0.1524 for height, and r=0.1162 for chest circumference.

4. ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLES AND FEEDING METHODS PRACTICED BY MOTHERS

There were significant association between demographic variables like education, occupation and family income of mothers and feeding methods practiced by mothers. However there was no significant association between demographic variables such as age, religion, type of family, income, duration of married life, birth order, age of the child, gender and source of information.

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ANNEXURE

LIST OF ANNEXURE

ANNEXURE A

LETTER SEEKING PERMISSION TO CONDUCT PILOT STUDY

From

Kayalvizhi.D,
2nd Year M.Sc. Nursing,
Indira College of Nursing,
Trichy.

To

The Village Administration Officer,
Asur,
Trichy.

Through

The Principal
Indira College of Nursing,
Trichy.

Sub: Seeking permission to conduct pilot study

Respected sir,

I, **Kayalvizhi. D** a bonafide PG Student of Indira College of Nursing affiliated to The Tamilnadu Dr. M.G.R. Medical University, Trichy with a specialization in Pediatric Nursing.

I have to conduct a pilot study as a part of my main research for the purpose of partial fulfillment of my course. My problem statement is **"A Study to Correlate Feeding Practices of Mothers and Nutritional Status of Their Children in a Selected Area, Trichy".**

In this regard, I kindly request you to grant me permission for conducting pilot study.

Thanking you,

Date: Yours faithfully,

Place: **KAYALVIZHI**

ANNEXURE B

LETTER GRANTING PERMISSION TO CONDUCT PILOT STUDY

From

The Village Administration Officer,
Asur,
Trichy.

To

Kayalvizhi.D
2nd Year M.Sc. Nursing,
Indira College of Nursing,
Trichy.

Dear Student,

As per your request forward through the principal Indira College of Nursing you are permitted to do the pilot study in Trichy as mentioned in your letter.

Date:

Place:

ANNEXURE C

LETTER SEEKING PERMISSION TO CONDUCT MAIN STUDY

From

Kayalvizhi.D,
2nd Year M.Sc. Nursing,
Indira College of Nursing,
Trichy.

To

The Village Administration Officer,
Mahilambadi,
Trichy.

Through

The Principal
Indira College of Nursing,
Trichy.

Sub: Seeking permission to conduct main study

Respected sir,

I, **Kayalvizhi.D** a bonafide PG Student of Indira College of Nursing affiliated to The Tamilnadu Dr. M.G.R. Medical University, Trichy with a specialization in Pediatric Nursing.

I have to conduct a main study as a part of my main research for the purpose of partial fulfillment of my course. My problem statement is **"A Study to Correlate Feeding Practices of Mothers and Nutritional Status of Their Children in a Selected Area, Trichy".**

In this regard, I kindly request you to grant me permission for conducting main study.

Thanking you,

Date: **Yours faithfully,**

Place: **KAYALVIZHI.D**

ANNEXURE D

LETTER GRANTING PERMISSION TO CONDUCT MAIN STUDY

From

The Village Administration Officer,
Mahilambadi,
Trichy.

To

Kayalvizhi.D,
2nd Year M.Sc. Nursing,
Indira College of Nursing,
Trichy.

Dear Student,

As per your request forward through the principal Indira College of Nursing you are permitted to do the main study in Mahilambadi Trichy as mentioned in your letter.

Date:

Place:

ANNEXURE – E

LETTER SEEKING EXPERTS OPINION AND SUGGESTIONS FOR THE CONTENT VALIDITY OF THE TOOL

From

Kayalvizhi.D,
II Year M.Sc. Nursing,
Indira College of Nursing,
Trichy.

To

Through

The Principal,
Indira College of Nursing,
Trichy.

Dear Madam / Sir,

Sub.: Request for opinion and suggestions of experts for establishing content validity of research tool.

I, **Kayalvizhi.D** II Year Student of **Master of Science in Nursing (Pediatric Nursing)**, student of Indira College of Nursing, Trichy, have selected the following topic for my research project, to be submitted to The Tamilnadu Dr. M.G.R. Medical University, Tamilnadu , Trichy, in partial fulfillment university requirement for the award of Master of Nursing degree.

TITLE OF THE TOPIC

"A Study to Correlate Feeding Methods Practiced by Mothers and Nutritional Status of their Children in a Selected Area Trichy".

The objectives of the study are

1. To assess feeding practices of mothers.
2. To assess the nutritional status of children.

3. To find out the correlation between the feeding practices of mothers and the nutritional status of their children.
4. To find out the association between feeding practices of mothers and the selected demographic variables.

With regard to this may I request you to validate my tool (Structured Interview Schedule) for its appropriateness and relevancy. I would be highly obliged and remain thankful for your great help if you could validate the tool and give your valuable opinion and suggestions wherever required.

Herewith I am enclosing a copy of

a) Questionnaire
b) Correct response and scoring key
c) Evaluation criteria
d) Content validity certificate

Thanking you,

Date: **Yours faithfully,**

Place: Trichy **KAYALVIZHI.D.**

ANNEXURE – F

EVALUATION CRITERIA FOR VALIDATION OF TOOL

Instruction

A tool has been constructed for data collection. It consists of four parts.

Section: A Deals with demographic data.

Section: B Deals with feeding practices of mothers such as breast feeding, weaning and family diet.

Section: C Deals with Anthropometry measurement includes height, weight, chest Circumference.

Areas	Item No.	Relevant	Relevant to Certain Extent	Not Relevant	Suggestions
Section A Demographic data	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
Section B Checklist	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				

Areas	Item No.	Relevant	Relevant to Certain Extent	Not Relevant	Suggestions
	14.				
	15.				
	16.				
	17.				
	18.				
	19.				
	20.				
	21.				
	22.				
	23.				
	24.				
	25.				
	26.				
	27.				
	28.				
	29.				
	30.				

ANNEXURE – G

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool developed by **Kayalvizhi. D.,** M.Sc. Nursing Student of Indira College of Nursing, Trichy (Affiliated to The Tamilnadu Dr. M.G.R. Medical University), has been validated by the undersigned and can proceed with this tool and conduct the main study for dissertation entitled **"A Study to Correlate Feeding Methods Practiced by Mothers and Nutritional Status of their Children in a Selected Area, Trichy"**.

Signature :

Name :

Designation :

Date :

Seal :

ANNEXURE - H

BLUE PRINT OF STRUCTURED INTERVIEW SCHEDULE

Sl No.	Components	Comprehension	Application	Total No. of Questions	Percentage
	Knowledge regarding				
1.	Breast feed.	3, 4 , 9	1, 2, 5, 6, 7, 8	9	30%
2.	Weaning.	10, 11, 14, 15	12, 13, 16, 17, 18, 19	10	33.3%
3.	Family Diet	20, 22, 24, 28	21, 23, 25, 26, 27, 29, 30	11	36.7%
	TOTAL	36.7%	63.3%	30	100%

ANNEXURE - I

DEMOGRAPHIC VARIABLES

Code No.

1. Age (years) of Mothers_____
   a. 18 to 25 years
   b. 26 to 35 years
   c. Above 35 years
2. Age (years) of Child_____
   a. 0-1 year
   b. 1-3 years
   c. 3-5 years
3. Gender of the Child_____
   a. Male
   b. Female
4. Weight of the Child (kg)_____
   a. 2.5 to 5 kg
   b. 5.1 to 10 kg
   c. Above 10 kg
5. Child order of birth
   a. First
   b. Second
   c. Third
6. Religion _____
   a. Hindu
   b. Muslim
   c. Christian
7. Education of the mother_____
   a. Illiterate
   b. Primary School
   c. Secondary School
   d. Higher Secondary School
   e. Graduate

8. Occupation of the mother ___
    a. House wife
    b. Government
    c. Private
    d. Business
    e. Agriculture
9. Duration of married life (years) _____
    a. Below 2 years
    b. 2-5 years
    c. 5-8 years
    d. Above 8 years
10. Family income (per month) Rs._____
    a. Below 5000
    b. 5000-10000
    c. 10001-15000
    d. Above 15000
11. Type of family_____
    a. Nuclear
    b. Joint
    c. Extended
12. Source of information regarding feeding practices _____
    a. Health Personnel
    b. TV/Radio
    c. Magazines/Journals
    d. Family members/Friend

SECTION - II

Sl. No.	Feeding practices	Yes	No
1.	Did you initiate breast feeding within one hour of child birth?		
2.	Have you breast fed the baby exclusively for 6 months?		
3.	Did you prepare yourself during antenatal period for breast feeding?		
4.	Did you burp your child after every feed?		
5.	Did you practice demand feeding?		
6.	Did you feed your baby with expressed breast milk?		
7.	If yes, did you warm the milk by placing it in a bowl of hot water?		
8.	Did your baby sleep well after breast feed?		
9.	Do you consider regurgitation of small amount of feed as normal?		
10.	Did you use liquid diet as first weaning food?		
11.	Did you observe any psychological problem for your baby while weaning?		
12.	Did you give weaning food immediately after bath?		
13.	Did you keep 5-7 days interval between two different types of weaning food?		
14.	Did you include fruits and boiled mashed vegetables in your babies diet between 8-12 months		
15.	Have you observed any food allergies while weaning your baby?		
16.	If you have observed allergies have you stopped that particular food item for a week and restarted in small quantities?		
17.	Have you given weaning food before the breast feed?		
18.	Do you wash your hands with soap and water before cooking, serving and feeding your child?		
19.	Is there any cultural taboos or family tradition to be followed before starting the weaning food?		
20.	Does your child get nutritional food from Anganawadi?		

Sl. No.	Feeding practices	Yes	No
21.	When your child was one year old, did your child eat what you eat?		
22.	Was your child been given vitamin A solution?		
23.	Do you check the weight of your child as per age?		
24.	Did you get any health education regarding feeding practices from health personnel?		
25.	Did you give soft mixture of rice and dhal as complementary food?		
26.	Did you bottle feed your child at any time?		
27.	Did you give breast feed along with ORS when the child had diarrhea?		
28	Did you regularly check the weight of your child during every year and maintain a record by visiting pediatrician in regular intervals?		
29	Did you use spoon or pallada while giving complementary feed?		
30.	Do you disinfect your child feeding utensils before using it?		

SECTION – III

Anthropometry

1. Present weight (kg) of thechild _____

2. Height/Length (cm) of thechild_____

3. Chest circumference(cm) ___

ANNEXURE - J

1. தாயின் வயது
   - (a) 18 - 25 வருடங்கள் ☐
   - (b) 26 - 35 வருடங்கள் ☐
   - (c) 35 வருடங்களுக்குமேல் ☐
2. குழந்தையின் வயது
   - (a) 0 - 1 வருடம் ☐
   - (b) 1 - 3 வருடங்கள் ☐
   - (c) 3 - 5 வருடங்கள் ☐
3. குழந்தையின் பாலினம்
   - (a) ஆண் ☐
   - (b) பெண் ☐
4. குழந்தையின் எடை
   - (a) 2.5 - 5 கிலோ ☐
   - (b) 5.1 - 10 கிலோ ☐
   - (c) 10 கிலோகிராமிற்கு மேல் ☐
5. எத்தனையாவது குழந்தை
   - (a) முதல் ☐
   - (b) இரண்டு ☐
   - (c) மூன்று ☐
6. மதம்
   - (a) இந்து ☐
   - (b) முஸ்லீம் ☐
   - (c) கிறிஸ்டியன் ☐
7. தாயின் படிப்பு
   - (a) படிக்கவில்லை ☐
   - (b) ஆரம்பநிலை பள்ளி ☐
   - (c) இரண்டாம் நிலை பள்ளி ☐
   - (d) உயர்நிலை பள்ளி ☐
   - (e) பட்டதாரி ☐

8. தாயின் தொழில்

(a) குடும்ப தலைவி ☐

(b) அரசு வேலை ☐

(c) தனியார் வேலை ☐

(d) வியாபாரம் / சுயதொழில் ☐

(e) விவசாயம் ☐

9. திருமண வாழ்க்கையின் கால அளவு

(a) இரண்டவருடங்களுக்கு குறைவு ☐

(b) 2-5 வருடங்கள் ☐

(c) 5-8 வருடங்கள் ☐

(d) 15000க்கு மேல் ☐

10. குடும்பத்தின் வருமானம்

(a) 5000-க்கு குறைவு ☐

(b) 5000-10000 ☐

(c) 10001-15000 ☐

(d) 15000-க்கு மேல் ☐

11. குடும்பவகை

(a) சிறு குடும்பம் ☐

(b) கூட்டு குடும்பம் ☐

(c) பெரிய குடும்பம் ☐

12. உணவூட்டல் பழக்க தகவல் அறிந்த விதம்

(a) மருத்துவர் ☐

(b) டி.வி./ரேடியோ ☐

(c) செய்தித்தாள்/புத்தகங்கள் ☐

(d) நண்பர்கள்/குடும்ப உறுப்பினர்கள் ☐

13. இதர பிரச்சனைகள்

(a) மனநல குறைபாடு ☐

(b) உடல்நல குறைபாடு ☐

(c) எதுவுமில்லை ☐

பிரிவு - II

வரிசை எண்	உணவூட்டல் பயிற்சி	ஆம்	இல்லை
1	குழந்தை பிறந்து ஒரு மணி நேரத்திற்குள் தாய்ப்பால் குடுக்க தொடங்கனீரிளா?		
2	ஆறுமாதம் தொடர்ந்து குழந்தைக்கு பாலூட்டினீர்களா?		
3	கர்ப்பகாலத்தில் உங்களை நீங்களே தயார்படுத்தி கொண்டீர்களா?		
4	எப்பொழுதும் குழந்தைக்கு பாலூட்டியபிறகு தட்டிக்கெட்டிக் கொடுத்தீர்களா?		
5	அழும் குழந்தைகக்கு பாலூட்டும் முறையை பயிற்சி கொடுத்தீர்களா?		
6	எடுத்துவைக்கப்பட்ட தாய்பாலை கொண்டு குழந்தைக்கு உணவு ஊட்டினீர்களா?		
7	ஆம் என்றால், எடுத்துவைக்கப்பட்ட பாலை சுடுதண்ணீர் கொண்ட கிண்ணத்தில் வைத்து சூடுசெய்தீர்களா?		
8	உங்கள் குழந்தை தாய்பால் அருந்தியபிறகு நன்கு உறங்குகிறதா?		
9	குழந்தை சிறிதளவு பாலை வெளியில் தள்ளவது சாதாரணமானது என எண்ணுகிறீர்களா?		
10	திரவ உணவை முதன் முதலில் உணவாக (தாய்பால் அல்லாத) பயன்படுத்தினீர்களாக?		
11	உங்கள் குழந்தை முதன் முதல் உணவை உண்ணும் போது ஏதேனும் மனநிலைமாற்றம் அல்லது குறைபாட்டினை கண்காணித்தீர்களா?		
12	குழந்தை குளித்த உடனேயே உணவு (தாய்ப்பால் அல்லாது) குடுத்தீர்களா?		
13	இரண்டு விதமான உணவினை ஊட்டவதற்கு, இடயில் 5-7 நாட்கள் இடைவெளியினைவைத்திருந்தீர்களா?		
14	குழந்தையின் 8-12 மாத உணவு பழக்கத்தில் பழங்கள், கொதிக்க வைக்கப்பட்ட அரைக்கப்பட்ட காய்கறிகளை பயன்படுத்தினீர்களா?		
15	குழந்தைக்கு முதல் உணவூட்டலின் போது (தாய்ப்பால் அல்லாத) ஏதேனும் உணவு ஒவ்வாமையை கண்காணித்தீர்களா?		

16	ஆம் என்றால், அவ்வுணவினை உடனடியாக ஒரு வார காலத்திற்கு நிறுத்தி, சிறிய அளவிலான அவ்உணவினை கொண்டு மீண்டும் ஆரம்பித்தீர்களா?		
17	தாய்பாலிற்கு முன்னதாகவே திட/திரவ உணவினை கொடுத்து இருக்கிறீர்களா?		
18	குழந்தையின் உணவினை சமைப்பதற்கு, பரிமாறுவதற்கு, ஊட்டுதற்கு முன் கைகளை சோப்பு மற்றும் தண்ணீர் கொண்டு நன்கு கழுவுநீர்களா?		
19	தி/திரவ முதல் உணவு (தாய்பால் அல்லாத) அளிக்கும் முன் உங்களுக்கெனஏதேனும் குடும்ப பாரம்பரிய பழக்கம்/பாரம்பரிய தடைகள் இருக்கிறீர்களா?		
20	உங்கள் குழந்தை அங்கன்வாடியில் இருந்த ஊட்டச்சத்துமிக்க உணவினை பெறுகிறதா?		
21	உங்கள் குழந்தை ஒரு வயதினை அடையும்பொழுது நீங்கள் உண்ணும் உணவினை உண்ணுகிறதா?		
22	உங்கள் குழந்தைக்கு விட்டமின் A Solution கொடுக்கப்பட்டதா		
23	வயது படி உங்ள குழந்தையின் எடையினை கண்காணிக்கிறீர்களா?		
24	மருத்துவரிடம் இருந்து தாய்ப்பால் ஊட்டும் பயிற்சி பற்றிய ஏதேனும் சுகாதார கல்வி பெற்றீர்களா?		
25	ஏதேனும் நேரத்தில் உங்கள் குழந்தைக்கு பால்புட்டி மூலம் உணவு அளித்தீர்களா?		
26	ஏதேனும் நேரத்தில் உங்கள் குழந்தைக்கு பால்புட்டி மூலம் உணவு அளித்தீர்களா?		
27	குழந்தையின் வயிற்றுபோக்கு சமயத்தில் தாய்பாலுடம் ORS (சர்க்கரை உப்புகலந்த தண்ணீர்) கொடுத்தீர்களா?		
28	வருடா வருடம் உங்கள் குழந்தையின் எடையினை கண்காணித்து மற்றும் குழந்தைநல மருத்துவர் மூலம் பதிவு பெற்று பரமரிக்கிறீர்களா?		
29	நிரப்பு உணவு (Complementary Food) வழங்கும்போது கரண்டி அல்லது சங்கினை பயன்படுத்தனீர்களா?		
30	உங்கள் குழந்தையின் உணவூட்டும் கருவியினை பயன்படுத்துவதற்கு முன் கிருமி நீக்கும் செய்தீர்களா?		

பிரிவு-II

மனிதர் அளவையில்

1. **குழந்தையின் தற்போதையஎடை (கிலோ) :**

2. **குழந்தையின் உயரம் (செ.மீ) :**

3. **மார்பகசுற்றளவு (செ.மீ) :**

ANNEXURE – K

SCORING KEY

Q. No.	Correct Option	Score
1.	Yes	1
2.	Yes	1
3.	Yes	1
4.	Yes	1
5.	Yes	1
6.	Yes	1
7.	Yes	1
8.	Yes	1
9.	Yes	1
10.	Yes	1
11.	Yes	1
12.	Yes	1
13.	Yes	1
14.	Yes	1
15.	Yes	1
16.	Yes	1
17.	Yes	1
18.	Yes	1
19.	Yes	1
20.	Yes	1
21.	Yes	1
22.	Yes	1
23.	Yes	1
24.	Yes	1
25.	Yes	1
26.	Yes	1
27.	Yes	1
28.	Yes	1
29.	Yes	1
30.	Yes	1

ANNEXURE – L

CONSENT FORM FOR THE RESPONDENTS

Dear Participant,

I, **Kayalvizhi. D**., 2nd year Nursing student of Indira College of Nursing as part of the partial fulfilment of the course, have to conduct a study and the problem selected is "**A Study To Correlate Feeding Methods Practiced By Mothers And Nutritional Status Of Their Children In A Selected Area, Trichy**".

I request you to participate in the study and respond to the questions asked.

The information provided by you will be strictly confidential and will be used only for the study purpose. This is for your information and kind participation.

Thanking you,

Yours sincerely

Signature of the investigator
(Kayalvizhi.D)

I am willing to participate in the study and aware that the information provided by me will be kept confidential and used for the study purpose.

Place: Trichy

Date: **Signature of the Participant**

ANNEXURE – M

<u>பிரதிவாதியின் ஒப்புதல்</u>

அன்பான பங்கு பெறுவோர்,

நான் தே. கயல்விழி, இந்திரா நர்சிங் கல்லூரியில் இரண்டாம் ஆண்டு நர்சிங் மாணவி படிப்பின் பகுதியளவு பூர்த்திக்காக ஆய்வு நடத்த வேண்டும். தேர்ந்தெடுக்கப்பட்ட பிரச்சனை, தேர்ந்தெடுக்கப்பட்ட திருச்சி பகுதியில் குழந்தைகளின் ஊட்டச்சத்து நிலைமை மற்றும் தாய்மார்களின் பாலூட்டல் பயிற்சிமுறையை பற்றிய ஆய்வு".

ஆய்வில் பங்கேற்று கேட்கப்பட்ட கேள்விகளுக்கு பதில் அளித்து ஒத்துழைக்குமாறு கேட்டுக்கொள்கிறேன்.

தங்களின் பங்கேற்றல் மற்றம் தங்களின் தகவலிற்காக, தங்களால் கொடுக்கப்பட்ட தகவல்கள் அனைத்தும் கட்டாயமாக ரகசியமாக கையாளப்படும். இவை கல்வி ஆய்விற்காக மட்டுமே பயன்படுத்தப்படும்.

நன்றி,

தங்களின் உண்மையுள்ள,

ஆய்வாளரின் கையொப்பம்

என்னால் கொடுக்கப்பட்ட தகவல்கள். இரகசியம் காக்கப்படும் மற்றும் கல்வி ஆய்விற்காக மட்டுமே பயன்படுத்தப்படும் என்பதில் விழிப்புடனும், மற்றும் ஆய்வில் கலந்து கொள்ளவும் தயாராக இருக்கிறேன்.

இடம் : திருச்சி
தேதி :

பங்குபெறுபவர் கையொப்பம்

ANNEXURE – N

CERTIFICATE OF ANALYSIS OF DATA

This is to certify that data analysis done by **Kayalvizhi. D.** Second Year M.Sc. Nursing, Indira College of Nursing, Trichy, in her study titled "**A Study to Correlate Feeding Methods Practiced by Mothers and Nutritional Status of their Children in a Selected Area, Trichy**" has been verified by me.

Date : **Signature**

Place : Trichy **Seal**

ANNEXURE – O

CERTIFICATE OF EDITING

This is to certify that data analysis done by **Kayalvizhi. D.** Second Year M.Sc. Nursing, Indira College of Nursing, Trichy, in her study titled "**A Study to Correlate Feeding Methods Practiced by Mothers and Nutritional Status of their Children in a Selected Area, Trichy**" has been edited by me.

Date :

Place : Trichy **Signature of the Editor**

ANNEXURE - P

LIST OF EXPERTS

1. **Mrs. Mohanambal M.Sc. (N)**
   Prof. and HOD,
   Dept. of Pediatric Nursing
   Indira College of Nursing
   Trichy

2. **Mrs. LathaM.Sc. (N)**
   Prof. and HOD,
   Dept. of Community Health Nursing
   Indira College of Nursing
   Trichy.

3. **Mrs. Peula Catherine M.Sc. (N)**
   Dept. of Medical Surgical Nursing
   Indira College of Nursing
   Trichy

4. **Dr. K. Senthil Kumar MD (Peds), DM (Neo)**
   Pediatrician,
   Mahatma Gandhi Hospital
   Trichy

5. **Mr.Senthil Kumar M.Sc. Stat**
   Asso. Professor in Bio-Statistics,
   Trichy.

ANNEXURE – Q

PLAGIARISM CERTIFICATE

This is to certify that this dissertation work titled A study to correlate feeding methods practiced by mothers and nutritional status of their children in a selected area at Trichy district of the candidate Kayalvizhi .D with registration number 301618301 for the award of M.Sc. (Nursing) in the branch of Child health Nursing. I personally verified the urkund.com website for the purpose of plagiarism check. I found that the uploaded thesis file contains from introduction to conclusion pages and results shows 90 to 100 percentage of originality in the dissertation.

Guide & Supervisor sign with seal